# Introduction

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INTRODUCTION

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

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

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

In the 1983 edition, the list of abbreviations used in medical terminology and the list of state geographic codes were removed from this manual and placed in Vital Statistics Instruction Manual, Part 2e. In the 1984 edition, instructions were added on pages 72a and 112a for poliomyelitis indicating a change in coding poliomyelitis not specified as acute.
The new ICD-9 classification for the human immunodeficiency virus (HIV) infection and positive serological or viral culture findings for the human immunodeficiency virus (795.8) was added to the 1987 edition and further modified in the 1988 edition. In the 1990 edition, the following list of infrequent and rare causes of death was expanded to include the following categories:

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

The following changes were made in the 1992 edition.

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

The following are changes in this 1995 edition:

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

One of the notable differences between ICD-9 and previous revisions of the ICD is that a dual system of classification was incorporated in ICD-9. This system provides for the classification of certain diagnostic statements according to two different axes - etiology or underlying disease process and manifestation or complication. Thus there are two codes for diagnostic statements subject to dual classification. The etiology or underlying disease codes are marked with a dagger (†) and the manifestation or complication codes are marked with an asterisk (*) following the
code. For example, Coxsackie myocarditis has a code, marked with a dagger, in the chapter for infectious and parasitic diseases and a code, marked with an asterisk, in the chapter for diseases of the circulatory system. Similarly, nephropathy due to diabetes has a dagger code in the chapter relating to endocrine diseases and an asterisk code in the genitourinary system chapter. The asterisk categories are intended primarily for use in applications concerned with the planning and evaluation of medical care. Limited use was made of the asterisk codes in classifying mortality data for data years 1979-1982. The specific instructions concerning their use appear in the 1979-1982 editions of this manual. Effective July 1982 the use of asterisk codes in mortality coding was discontinued.

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

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

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

Traditionally, national mortality statistics have been based on a count of deaths with one cause assigned for each death. While the importance of such statistics cannot be overemphasized - national single-cause mortality statistics go back to the year 1900 - the need for more thorough analysis of mortality medical information has long been recognized. The increasing demand for more comprehensive mortality data and advances in computer technology provided the impetus that culminated in the development of the ACME system, an acronym for Automated Classification of Medical Entities, which was implemented in NCHS in 1968.
Although the ACME system provides output data useful for other purposes, the principle objectives are to provide full medical information from death certificates with assignment of the traditional underlying cause through automated application of the international rules for selection, to facilitate the development of programs for retrieving and tabulating multiple cause data tailored to specific data requirements, and to make computer tapes containing the codes for all diagnostic terms and related codable information recorded on death certificates available for indepth research and analysis purposes. To achieve these objectives, codes are assigned for each codable entity entered on the death certificate, usually in the order in which the information is recorded. To ensure the code for each entity reflects the meaning the certifier intended to convey, other information recorded on the certificate is taken into account. However, provisions in the ICD for linking two or more diagnostic terms to form a composite diagnosis classifiable to a single ICD code are not applied. The experience gained from use of the ACME system has enabled NCHS to assess the efficiency of the system and to make changes in the coding instructions and ACME program that will overcome some of the problems encountered in attempting to produce mortality data suitable for a multiplicity of purposes. Other manuals relating to coding causes of death are:

- Part 2a, NCHS Instructions for Classifying the Underlying Cause of Death, 1995
- Part 2c, ICD-9 ACME Decision Tables for Classifying the Underlying Causes of Death, 1995
- Part 2d, Procedures for Mortality Medical Data System File Preparation and Maintenance
- Part 2e, Non-Indexed Terms, Standard Abbreviations, and State Geographic Codes used in Mortality Data Classification, 1995 (Including WHO Amendments to ICD-9, Volume 2)
SECTION I
MEDICAL CERTIFICATION

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

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

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

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

<table>
<thead>
<tr>
<th>PART</th>
<th>IMMEDIATE CAUSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>(a)____________</td>
</tr>
<tr>
<td></td>
<td>Due to, or as a consequence of:</td>
</tr>
<tr>
<td></td>
<td>(b)____________</td>
</tr>
<tr>
<td></td>
<td>Due to, or as a consequence of:</td>
</tr>
<tr>
<td></td>
<td>(c)____________</td>
</tr>
<tr>
<td></td>
<td>Due to, or as a consequence of:</td>
</tr>
<tr>
<td></td>
<td>(d)____________</td>
</tr>
<tr>
<td>II</td>
<td>OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.</td>
</tr>
</tbody>
</table>
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)
SECTION II

GENERAL INSTRUCTIONS

INTRODUCTION

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

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

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

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

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

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

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

If, after applying the above criteria, any single line still has more than eight codes, refer to supervisor.
The International Classification of Diseases (ICD) does not provide a specific classification for the human immunodeficiency virus (HIV) infection and for positive serological or viral culture findings for the human immunodeficiency virus (HIV).

After consulting with personnel from the Centers for Disease Control, the Health Care Financing Administration, the World Health Organization Collaborating Center for Classification of Diseases for North America established the following classifications for the human immunodeficiency virus (HIV) infection, the acquired immunodeficiency syndrome (AIDS) and other manifestations. Since a revision of the International Classification of Diseases (ICD-10) will not be available until 1998, the new codes were justified by the urgent need of public health officials, clinical researchers and medical care financiers to specifically identify and monitor this infection.

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

042 Human immunodeficiency virus infection with specified conditions

Includes: Acquired immune deficiency syndrome
         Acquired immunodeficiency syndrome
         AIDS

042.0 With specified infections

Includes only:

  candidiasis of lung (112.4)  
  coccidiosis (007.2)  
  cryptosporidiosis (007.2)  
  isosporiasis (007.2)  
  cryptococcosis (117.5)  
  pneumocystosis (136.3)  
  progressive multifocal
  leukoencephalopathy (046.3)  
  toxoplasmosis (130)  
  With HIV infection
042.1 Causing other specified infections

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

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

042.2 With specified malignant neoplasms

Includes only:
- Burkitt's tumor or lymphoma (200.2)
- Kaposi's sarcoma (173)
- Immunoblastic sarcoma (200.8) With HIV infection
- Lymphoma of the brain or CNS (202.8)
- Reticulsarcoma (200.0)

042.9 Acquired immunodeficiency syndrome unspecified

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

043 Human immunodeficiency virus infection causing other specified conditions

Includes:
- AIDS-like disease (illness)(syndrome)
- AIDS-related complex
- AIDS-related conditions
- ARC
- Pre-AIDS
- Prodromal-AIDS

Excludes:
- HIV infection classifiable to 042

043.0 Causing lymphadenopathy
Includes:
  enlarged lymph nodes (785.6)  
  swollen glands (785.6)  
) Due to HIV infection
043.1 Causing specified diseases of the central nervous system

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

043.2 Causing other disorders involving the immune mechanism

Includes only:
  disorders involving the immune mechanism classifiable to )
279.0, 279.1, 279.2, 279.4 Due to HIV infection
043.3 Causing other specified conditions

Includes only:
- abnormal weight loss (783.2)
- abnormality, respiratory (786.0)
- agranulocytosis (288.0)
- anemia: NOS (285.9)
- aplastic, other and unspecified (284.8, 284.9)
- deficiency (280-281)
- hemolytic, acquired (283)
- arthritis:
  - infective (711.9)
  - pyogenic (711.0)
- blindness or low vision (369)
- blood and blood-forming organs, unspecified disease (289.9)
- cachexia (799.4) Due to HIV infection
dermatophytosis (110)
- diarrhea (noninfectious) (558)
  - infectious (009)
- disease or disorder NOS:
  - blood and blood-forming organs (289.9)
  - salivary gland (527.9)
  - skin and subcutaneous tissue (709.9)
  - dyspnea (786.0)
  - fatigue (780.7)
fever (780.6) 
gastroenteritis (noninfectious) (558) 
    infectious (009) 
hepatomegaly (789.1)
GENERAL INSTRUCTIONS

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

043.3 Causing other specified conditions - continued

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

043.9 Acquired immunodeficiency syndrome-related complex unspecified
AIDS-related complex (ARC) with other conditions classifiable elsewhere as in 042.0 - 043.3
044 Other Human immunodeficiency virus infection

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

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

044.0 Causing specified acute infections

Includes only:
- acute lymphadenitis (683)
- aseptic meningitis (047.9) Due to HIV infection
viral infection ("infectious mononucleosis-like syndrome") (079.9)
GENERAL INSTRUCTIONS

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

044.9  Human immunodeficiency virus infection, unspecified

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

795.8  Positive serological or viral culture findings for human immunodeficiency virus

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0785</td>
<td>Cytomegalovirus esophagitis</td>
<td>30 days</td>
</tr>
<tr>
<td>0429</td>
<td>Acquired immune deficiency syndrome</td>
<td>18 mos</td>
</tr>
<tr>
<td>0319</td>
<td>Atypical mycobactemiosis</td>
<td></td>
</tr>
<tr>
<td>7991</td>
<td>Respiratory arrest</td>
<td>5 mins</td>
</tr>
<tr>
<td>1173</td>
<td>Pneumonia</td>
<td>1 wk</td>
</tr>
<tr>
<td>1120</td>
<td>Oral candidiasis, AIDS</td>
<td></td>
</tr>
<tr>
<td>1363</td>
<td>Pneumocystis pneumonia, CMV retinitis</td>
<td></td>
</tr>
<tr>
<td>0449</td>
<td>HIV infection</td>
<td></td>
</tr>
<tr>
<td>4275</td>
<td>Cardiopulmonary arrest</td>
<td></td>
</tr>
<tr>
<td>0785</td>
<td>Systemic cytomegalic virus infection</td>
<td></td>
</tr>
<tr>
<td>1120</td>
<td>Oral candidiasis, AIDS</td>
<td></td>
</tr>
<tr>
<td>0429</td>
<td>CNS involvement with AIDS</td>
<td></td>
</tr>
</tbody>
</table>
(b) Acquired immune deficiency (AIDS) 0429
GENERAL INSTRUCTIONS

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

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

*0129 Tuberculosis NOS
*4282 Arteriosclerotic myocarditis
   Includes: any term indexed in ICD-9 to 4290 when qualified as arteriosclerotic.
*4283 Arteriosclerotic myocardial degeneration
   Includes: any term indexed in ICD-9 to 4291 when qualified as arteriosclerotic.
*4284 Arteriosclerotic cardiovascular disease
   Includes: any term indexed in ICD-9 to 4292 when qualified as arteriosclerotic.
   cardiovascular arteriosclerosis
*4300 Subarachnoid hemorrhage
   Includes: any term indexed in ICD-9 to 430 except: ruptured cerebral aneurysm (4301)
   ruptured congenital cerebral aneurysm (4302)
*4301 Ruptured cerebral aneurysm
*4302 Ruptured congenital cerebral aneurysm
*4424 Congenital aneurysm (peripheral)
*4425 Congenital aneurysm brain (arteriovenous)
*4879 Influenza NOS
*5189 Disease lung (chronic) NOS
*5357 Hemorrhage duodenum
*5377 Disease stomach NOS
*5697 Perforation intestine, rupture intestine
*5700 Acute and subacute necrosis of liver
   Includes: any term indexed in ICD-9 to 570 except acute hepatic failure (5701)
*5701 Acute hepatic failure
*5729 Hepatic failure (chronic)
*5826 Chronic nephritis NOS
*5827  Chronic nephropathy NOS
  Chronic renal disease NOS
*7997  Cause unknown
GENERAL INSTRUCTIONS

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

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

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

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

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

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

<table>
<thead>
<tr>
<th></th>
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<th></th>
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<tbody>
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<td>0091</td>
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</tr>
</tbody>
</table>
GENERAL INSTRUCTIONS

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

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

<table>
<thead>
<tr>
<th>Substitute Code</th>
<th>558</th>
</tr>
</thead>
<tbody>
<tr>
<td>0091</td>
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<tr>
<td>0093</td>
<td></td>
</tr>
<tr>
<td>2941</td>
<td>558</td>
</tr>
<tr>
<td>2941 with physical condition as adjective)</td>
<td>Physical condition and 2949</td>
</tr>
<tr>
<td>4050</td>
<td>4010</td>
</tr>
<tr>
<td>4051</td>
<td>4011</td>
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<td>4059</td>
<td>4019</td>
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<td>7680</td>
<td>7689</td>
</tr>
<tr>
<td>7681</td>
<td>7689</td>
</tr>
<tr>
<td>804 ((04) Fracture of specified sites</td>
<td></td>
</tr>
<tr>
<td>946 )46 Burn of specified sites</td>
<td></td>
</tr>
</tbody>
</table>
The following non-asterisk category codes, which contain both asterisk and non-asterisk terms, are valid codes for non-asterisk terms in multiple cause-of-death classification:

3820  5828  
3831  5838  
4249  5980  
5818  7854
A. General Coding Concept

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

1. Definitions of diagnostic entity

A diagnostic entity is a single term or a composite term, comprised of one word or of two or more adjoining words, that is used to describe a disease, nature of injury or other morbid condition. In this manual diagnostic entity and diagnostic term are used interchangeably. These terms are codable one-term entities.

I(a) Pneumonia  486
I(a) Arteriosclerosis  4409
I(c) Emphysema  492
I(a) Allergic vasculitis  2870
This condition is indexed as a one-term entity under "vasculitis."
I(a) Cerebral arteriosclerosis  4370
This condition is indexed as a one-term entity.
2. Types of diagnostic entities

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

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

(1) A diagnostic term that contains an adjectival modifier such as adenomatous, cystic, hemorrhagic, inflammatory, gangrenous, necrotic, obstructed, or ruptured. The adjective modifier "hemorrhagic" is entered in parentheses following the indexed term "nephritis."

I(a) Hemorrhagic nephritis 5839

I(a) Necrotic cystitis 5958

The adjective modifier "necrotic" is not indexed under cystitis. Code cystitis, modified has undergone certain morphological changes,
is considered to be a one-term entity whether or not the complete term is listed in ICD-9. In cases where there is no provision in ICD-9 for coding "other bronchiectasis."
A. General Coding Concept - continued

2. Types of diagnostic entities - continued

a. One-term entity - continued

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

2. Types of diagnostic entities - continued

b. Multiple one-term entity. A multiple one-term entity is a diagnostic entity consisting of two or more contiguous words on a line for which ICD-9 does not provide a single code for the entire entity but does provide a single code for each of the components of the diagnostic entity. Consider as a multiple one-term if each of the components can be considered as separate one-term entities, i.e., they can stand alone as separate diagnoses. Code "uremia" and "acidosis" as separate one-term entities, each of which can stand alone as a diagnosis.

(1) Code each component of the multiple one-term entity as indexed and on the same line where reported. Code an adjective reported at the end of a diagnostic entity as if it preceded the entity. This applies whether reported in Part I or Part II diagnosis.

I(a) Arteriosclerosis, hypertensive 4019 4409
   (b) The complete term is not indexed as a one-term entity. "Hypertensive" is an adjectival modifier; code as if it preceded the arteriosclerosis.
   (c) Arteriosclerosis, hypertensive

I(a) M.I. 410
   (b) Uremic acidosis 586 2762
   (c) Chronic nephritis 5826

I(a) Diabetic heart disease 586
   (b) 2500 4299
   (c) "Diabetic heart disease" is not indexed as a one-term entity. Code "diabetes" and "heart disease" as separate one-term entities, each of which can stand alone as a diagnosis.

I(a) Senile cardiovascular dis., M.I. 797 4292 410
   (b)
   (c)
"Senile cardiovascular dis." is not indexed as a one-term entity. Code "senile" and "cardiovascular disease" as separate one-term entities each of which can stand alone as a diagnosis.
GENERAL INSTRUCTIONS

A. General Coding Concept - continued

2. Types of diagnostic entities - continued

b. Multiple one-term entity - continued

I(a) M.I. 410
(b) 
(c) 
II Coronary occlusion, arteriosclerotic 4409 410

(2) When a multiple one-term entity indicates a condition involved different sites or systems for which the classification provides different codes, code the condition of each site or system separately. Where there is provision for coding the condition of one or more but not all of the sites or systems, code the conditions of the site(s) or system(s) that are indexed. Disregard the site(s) or system(s) for which the classification does not provide a code.

EXCEPTION: When any condition classifiable to 410-414 or 430-438 is qualified as

I(a) Hypertensive arteriosclerotic cerebro-vascular disease 4370
"hypertensive," code to 410-414 or 430-438 only. I(a) Arteriosclerotic hypertensive heart disease 4140
A. General Coding Concept - continued

2. Types of diagnostic entities - continued

c. One-term entity subject to dual classification A one-term entity subject to dual classification is a diagnostic entity that contains elements of information about both etiology or an underlying disease process and a manifestation or complication for which ICD-9 has provided a dagger and an asterisk code. Use only the dagger code for multiple cause of death coding.

<table>
<thead>
<tr>
<th>Description</th>
<th>Code 1</th>
<th>Code 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>I (a) Tuberculosis with meningitis</td>
<td>0129</td>
<td>3229</td>
</tr>
<tr>
<td>I (a) Nephrosis</td>
<td>5819</td>
<td></td>
</tr>
<tr>
<td>(b) Diabetes mellitus</td>
<td>2500</td>
<td></td>
</tr>
<tr>
<td>I (a) Hepatitis</td>
<td>5733</td>
<td></td>
</tr>
<tr>
<td>(b) Mumps</td>
<td>0729</td>
<td></td>
</tr>
<tr>
<td>I (a) Salmonella meningitis</td>
<td>0032</td>
<td></td>
</tr>
<tr>
<td>I (a) Mumps Hepatitis</td>
<td>0727</td>
<td></td>
</tr>
<tr>
<td>I (a) Gonococcal stricture of urethra</td>
<td>0982</td>
<td></td>
</tr>
<tr>
<td>I (a) C. H. F.</td>
<td>4280</td>
<td></td>
</tr>
<tr>
<td>(b) Diabetic gangrene, uremia</td>
<td>2506</td>
<td>586</td>
</tr>
</tbody>
</table>
GENERAL INSTRUCTIONS

A. General Coding Concept - continued

3. Parenthetical entries

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

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

Examples

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

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

4. Implied "disease"

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

Examples

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

I(a) Coronary 4149
(b) Hypertension 4019
(c)
Code I(a) to 4149, coronary disease. Coronary hypertension is not indexed.
GENERAL INSTRUCTIONS

B. Effect of age of decedent on classification

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

1. **NEWBORN** means less than 28 days of age at the time of death.  
   I(a) Anoxia 7689  
   (b) Cerebral hemorrhage 7670  
   Since the age of decedent is less than 28 days, code 7689, anoxia of newborn, and 7670, cerebral hemorrhage of newborn.

2. **INFANT or INFANTILE** means less than 1 year of age at the time of death.  
   I(a) Pneumonia 486  
   (b) Hemiplegia 3434  
   Since the decedent is less than 1 year of age at the time of death, code 3434, hemiplegia, infantile.

3. **CHILD, CHILDHOOD** means less than 18 years of age at the time of death.  
   I(a) Cardiac arrest 4275  
   (b) Brain damage 3439  
   Since the age of the decedent is less than 18 years of age and there is no indication of the cause of the brain damage, code 3439, brain
damage, child.
GENERAL INSTRUCTIONS

B. Effect of age of decedent on classification - continued

4. Congenital anomalies

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

Less than 28 days:

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

Less than 1 year:

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

B. Effect of age of decedent on classification - continued

4. Congenital anomalies - continued

   Less than 1 year: - continued

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

5. Congenital syphilis

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

   Male, 16 mos.
   I(a) Syphilitic heart disease 0905
   (b)                  (c)
**C. Age and sex limitations**

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

<table>
<thead>
<tr>
<th></th>
<th>For Males Only</th>
<th>For Females Only</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0162 257 0164</td>
<td>0164 256</td>
<td>Female, age 32</td>
</tr>
<tr>
<td></td>
<td>0163 4564 1121</td>
<td>4566</td>
<td>(a) Hypertrophy of prostate 7999</td>
</tr>
<tr>
<td></td>
<td>0720 600-608</td>
<td>174</td>
<td>(b) Code other unknown and unspecified cause, 7999.</td>
</tr>
<tr>
<td></td>
<td>175 7525 179-184</td>
<td>174 6115-6116</td>
<td>(c) Code other unknown and unspecified cause, 7999.</td>
</tr>
<tr>
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<td>185-187 7526 1986</td>
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<td>2364-2366 7922</td>
<td>2360-2363</td>
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</tr>
</tbody>
</table>

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

C. Age and sex limitations - continued

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

Age 28 days or over

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Age</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>037</td>
<td>5181 Female</td>
<td>age 27 days</td>
<td>Male, age 3 days</td>
</tr>
<tr>
<td>038</td>
<td>578 Respiratory failure</td>
<td></td>
<td>I(a) Drug withdrawal syndrome 7795</td>
</tr>
<tr>
<td>112</td>
<td>5990 (b)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>242</td>
<td>6110 (c)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>250</td>
<td>6950 Respiratory failure, newborn</td>
<td></td>
<td>Code</td>
</tr>
<tr>
<td>2512</td>
<td>6959</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2521</td>
<td>7800</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2690</td>
<td>7803</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2752</td>
<td>7823 Male</td>
<td>age 3 days</td>
<td></td>
</tr>
<tr>
<td>2890</td>
<td>7824 Pulmonary immaturity</td>
<td></td>
<td>I(a)</td>
</tr>
<tr>
<td>2920</td>
<td>7825 (b)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3580</td>
<td>7827 (c)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>431</td>
<td>7833 Diabetes</td>
<td></td>
<td>II</td>
</tr>
<tr>
<td>432</td>
<td>7863 When diabetes (mellitus) NOS is reported as a cause of death for an infant less than 28 days of age, code the diabetes as a maternal condition affecting the fetus or newborn unless there is evidence to the contrary.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Age under 1 year

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7980</td>
<td></td>
</tr>
</tbody>
</table>

Age 1 year or over
7981
Age 5 years or over
E950-E959
Age 10-54 years
630-676  7923
GENERAL INSTRUCTIONS

D. Effect of duration on assignment of codes

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

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

1. Qualifying conditions as acute or chronic

<table>
<thead>
<tr>
<th>Duration</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 mos.</td>
<td>4148</td>
<td>Acute myocardial infarction, myocardium, acute, with a stated duration of over 8 weeks, 4148.</td>
</tr>
<tr>
<td>weeks</td>
<td>410</td>
<td>Aneurysm heart, 410</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(b)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(c)</td>
</tr>
</tbody>
</table>
with the provisions of the classification. Code aneurysm, heart, with a stated duration of 8 weeks or less, 410. "Weeks" is interpreted to mean less than 8 weeks.
D. Effect of duration on assignment of codes - continued

Examples

1. Qualifying conditions as acute or chronic - continued

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

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

I(a) Heart failure 1 hour 4289
I(b) Pulmonary edema acute 5184
Code "acute" pulmonary edema on I(b).

2. Subacute

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

I(a) Subacute pyelonephritis 5901
Code subacute pyelonephritis to 5901, acute

3. Qualifying conditions as congenital or acquired
Code conditions classified as congenital Female, age 2 years in ICD-9 as such, even when not specified as congenital, if the interval between onset and death and Code the condition on I(b) as congenital since the age of the decedent indicate age of the decedent and the duration of the condition indicate that the heart disease existed at birth.
GENERAL INSTRUCTIONS

D. Effect of duration on assignment of codes - continued

3. Qualifying conditions as congenital or acquired - continued

Do not use the interval between onset and death to qualify conditions that are classified to categories 740-759, congenital anomalies, as acquired. (b) Polycystic kidney 5 years 7531

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

4. Two conditions with one duration

When two or more conditions are entered on the same line with one duration, disregard the duration and code the conditions as indexed. Disregard the duration on I(a) and code the myocardial ischemia as indexed.

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

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

5. Conflict in durations

When conflicting durations are entered for a condition, give preference to the duration entered in the space for interval between onset and death.
GENERAL INSTRUCTIONS

D. Effect of duration on assignment of codes - continued

6. Span of dates

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

Date of death 10-6-78
Date of death 10-6-78

<table>
<thead>
<tr>
<th>Duration</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10-1-78-</td>
<td>410</td>
</tr>
<tr>
<td>10-6-78</td>
<td>4149</td>
</tr>
<tr>
<td>10-1-78-10-6-78</td>
<td>410</td>
</tr>
<tr>
<td>10/1/78-10/6/78</td>
<td>410</td>
</tr>
<tr>
<td>10-6-78</td>
<td>4409</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Duration</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3 wks.</td>
<td>410</td>
</tr>
<tr>
<td>6 yrs.</td>
<td>4409</td>
</tr>
<tr>
<td>2 yrs.</td>
<td>2500</td>
</tr>
</tbody>
</table>
GENERAL INSTRUCTIONS

E. Relating and modifying conditions

1. Implied site of disease

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

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

E.  Relating and modifying conditions - continued

1.  Implied site of disease - continued

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

I(a) ASHD, infarction, C.V.A. 4140 410 436
(b)
(c)
Code infarction, heart (410). Relate the infarction to the ASHD.

I(a) Duodenal ulcer with hemorrhage 5329 5357
E. Relating and modifying conditions - continued

1. Implied site of disease - continued

I(a) Hernia with hemorrhage 5539 5789

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

I(a) CVA with hemorrhage 436 431
(b) M.I. 410

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

(a) If there is only one condition of a specified site reported either on the Code the hemorrhage as gastric. line above or below it, code to this site. I(a) Uremia 586
(b) Chronic prostatitis with pyelonephritis
© Benign hypertrophy 600
Code the hypertrophy as prostatic.

I(a) Internal hemorrhage 5778
(b) Pancreatitis 5770
GENERAL INSTRUCTIONS

E. Relating and modifying conditions - continued

1. Implied site of disease - continued

   a. (2) (b) If there are conditions of different specified sites on the lines above and below it and the classification provides for coding the condition of unspecified site to only one of these sites, code to that site.

   I(a) Intestinal fistula 5698
   (b) Obstruction 5609
   (c) Carcinoma of peritoneum 1589

   Code the obstruction as intestinal since the classification does not provide for coding obstruction of the peritoneum.

   (c) If there are conditions of different specified sites on the lines above and below it and the classification provides for coding the condition of unspecified site to both of these sites, code the condition unspecified as to site.

   I(a) C.V.A. 436
   (b) Thrombosis 4539
   (c) A.S.H.D. 4140

   Code thrombosis NOS, 4539, on I(b).
GENERAL INSTRUCTIONS

E. Relating and modifying conditions - continued

1. Implied site of disease - continued

b. The preceding generalizations do not apply when:

(1) A malignant neoplasm without specification of site is reported with conditions such as perforation and obstruction of a specific organ.

(b) Cancer 1991 (c)

(2) Arteriosclerosis, hypertension, or paralysis is reported with another condition.

I(a) Arteriosclerosis with C.V.A. 4409 436 (b)

(3) Edema NOS is reported with a disease of the circulatory system or kidney.

I(a) Acute pulmonary congestion cedema 486 7823 (b) Congestive heart failure 4280 (c) Hypertension, cardiovascular disease 4019 4292

(4) Calculus NOS or stones NOS is reported with pyelonephritis.

I(a) Pyelonephritis with calculus 5908 5929 (b) (In such cases, code the calculus or stones to 5929). (c)

(5) Infection NOS is reported with another condition. (See pages 75-76.) (c)

I(a) Pneumonia 486 (b) Infection
(6) Ulcer (peptic) is reported with 
I(a) G.I. hemorrhage  5789 
gastrointestinal hemorrhage.  (b) Peptic ulcer  5339 
(c)
1. **Implied site of disease** - continued

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

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

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

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

<table>
<thead>
<tr>
<th>FROM</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Embolism NOS (4449)</td>
<td>a specified site Embolism )</td>
</tr>
<tr>
<td>Infarction NOS (4599)</td>
<td>Infarction) of the site</td>
</tr>
<tr>
<td>Occlusion NOS (4599)</td>
<td>Occlusion ) only</td>
</tr>
<tr>
<td>Thrombosis NOS (4539)</td>
<td>Thrombosis)</td>
</tr>
</tbody>
</table>

- Embolism ) a specified site Embolism )
- Infarction) Infarction) of both sites
- Occlusion ) of a site Occlusion )
- Thrombosis) Thrombosis)
E. Relating and modifying conditions - continued

1. Implied site of disease - continued

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

Examples

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

d. Ulcer (peptic) with gastro-intestinal hemorrhage

Causing, due to, or on same line with Code

Ulcer, site unspecified gastro-intestinal hemorrhage 5339 (Peptic ulcer NOS)
Peptic ulcer NOS

Example

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

E. Relating and modifying conditions - continued

1. Implied site of disease - continued

e. Ulcer NOS (7079)

<table>
<thead>
<tr>
<th>Causing, due to, or on same line with</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ulcer NOS</td>
<td>disease classifiable to 530, Peptic ulcer, 533 with 536-537 and 567 appropriate fourth digit</td>
</tr>
</tbody>
</table>
E. Relating and modifying conditions - continued

2. "Injury" due to disease conditions

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

F. Format Examples

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

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

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

F. Format - continued

Examples

2. Connecting terms

a. "Due to" written in or implied

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

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

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

F. Connecting terms - continued

2. Connecting terms - continued

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

      (1) The following connecting terms should be interpreted as meaning "due to" as a consequence of when the entity immediately following the terms is a disease condition, nature of injury, or an external cause.

      (a) Myocardial infarction 410
      (b) Nephritis due to arteriosclerosis 5839
      (c) Hypertension from toxic goiter 4409
      (d) 4019
      (e) 2420

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

      as (a) complication of
      as a result of
      because of
      caused by
      complication(s) of
      during
      etiology
      following
      for
      from
      in
      incident to
      incurred after, during, in, when
      induced by
      occurred after, during, in, when, while
      origin
      received from, in
resulting from, when
secondary to (2°)
subsequent to
sustained as, by, during, in, when, while
GENERAL INSTRUCTIONS

F. Format - continued  

Examples

2. Connecting terms - continued

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

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

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

Interpret the following (a) Myocardial infarction causing cardiac 4275 connecting terms as (b) arrest 410 meaning that the condition (c) following the term was due Code the cardiac arrest on I(a) since to the condition that "causing" indicates it was due to the preceded it: myocardial infarction.
as a cause of leading to
cause of led to
caused manifested by
causing producing
followed by resulted in
induced resulting in
underlying with resulting
GENERAL INSTRUCTIONS

F. Format - continued     Examples

2. Connecting terms - continued

   b. Not indicating a "due to" relationship

   When conditions are separated by "and" or by another connecting term that does not imply a "due to" relationship, e.g., accompanied by, precipitated by, Interpret "superimposed on" as "and." Enter the predisposing (to), superimposed on, consistent code for the condition on I(b) as the second code with and with (c), enter the codes for these conditions on the same line in the order that the conditions are reported on the certificate. (b) ASHD (c) Hypertension II also diabetic nephropathy Consider "also" as a connecting word that does not imply "due to" and code Part II as a continuation of I(c).

3. Condition entered above line I(a)

   When a condition is reported on the certificate above line I(a), enter the code for this condition on I(a). Code the condition(s) entered on line I(a) on line I(b); then code the conditions entered on each of the remaining line(s) in Part I as though they had been reported on the succeeding line. then code the condition entered above I(a) on I(a), 7469
reported on the succeeding lines.
GENERAL INSTRUCTIONS

F. Format - continued

Examples

4. Condition reported between lines in Part I

When a condition is reported between I(a) and I(a) Pneumonia 486
I(b) or I(b) and I(c), without a connecting term, enter the code for this condition (b) Emphysema 490
on the following "due to" line. Code the conditions entered on each of the remaining (c) Cancer of lung 492
line(s) in Part I as though they had been Code the condition reported between lines I(a) and
reported on the succeeding line. I(b) in the next "due to" position, and move the codes for conditions reported on lines I(b) and
I(c) downward.

When a condition is reported between I(a) Cerebral hemorrhage 431 436
I(a) and I(b) or I(b) and I(c) with a connecting word, consider as a (b) Cerebral arteriosclerosis 4370
continuation of the line above and code accordingly unless there is a definite indication that it is a (c) Cerebrovascular accident 436
continuation of the line below. I(a) Cerebral hemorrhage 431
(b) Cerebral arteriosclerosis 4370
Since the certifier indicated by an arrow that the condition entered between I(a) and I(b) was a continuation of I(b), code the CVA on I(b).

I(a) Cerebrovascular accident 436
due to cerebral hemorrhage
(b) Cerebral arteriosclerosis 431
(c) 4370
Consider the condition entered between I(a) and I(b) as a continuation of I(a) and code accordingly.
GENERAL INSTRUCTIONS

F. Format - continued

Examples

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

When a condition(s) in Part I is reported with a specific statement interpreted or stated as "due to" another on lines I(a), I(b), or I(c), rearrange the codes according to the certifier's statement. Do not apply this instruction to such statements reported in Part II.

Duration

I(a) Myocardial failure 410
(b) Pneumonia 4289
(c) Myocardial ischemia due to (a) 4 wks. 486

Accept the certifier's statement that the condition reported on line I(c) is "due to" the condition on line I(a). Move the codes for conditions reported on I(a) and I(b) downward. (Apply the duration statements reported in Part II. on line I(c) to the myocardial ischemia.)

I(a) Heart failure 4289 586
(b) Pneumonia 486
(c) Uremia due to (b)
Take into account the certifier's statement on line I(c) and code the condition reported on line I(c) as the second entry on I(a).

I(a) Carcinomatosis 4275
(b) Ca. of lung 1990
(c) Cardiorespiratory arrest due to above 1629
Take into account the certifier's statement and code the cardiorespiratory arrest on I(a), then move the codes for the remaining conditions downward.

I(a) Coronary thrombosis 410
(b) Chronic nephritis 5826
(c) Arteriosclerosis 4409
@II Uremia caused by above 586
Disregard the certifier's statement, "caused by above," reported in Part II.
GENERAL INSTRUCTIONS

F. Format - continued

Examples

6. Conditions reported in Part II

Enter the codes for entries in Part II in the order the entries are reported, proceeding from the entry reported uppermost in Part II downward and from left to right, if there is more than one entry on the same line.

- MI 410
- ASHD 4140
- Pneumonia

II Heart murmur, arteriosclerosis 486 7852 4409

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

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

a. If the deletion(s) indicates that none of the conditions in Part I were causally related, consider as though all of the conditions had been reported on the uppermost used line. In determining the order of the codes, proceed from line I(a) downward and from:

- Heart disease 4299 4010 5826
- Malignant hypertension (b)
- Chronic nephritis (c)
- Cancer of kidney 1890

II

- Cardiac failure 4289 4140 492 490
- Arteriosclerotic heart disease (b)
- Emphysema and bronchitis (c)
left to right if more than one condition is reported on a line.
GENERAL INSTRUCTIONS

F. Format - continued  Examples

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

    b. If only item I(c) or the printed I(a) Heart block 4269
       "due to, or as a consequence of" (b) Degenerative myocarditis 4290 431
       which appears below line I(b) is (c) --- Cerebral hemorrhage
       marked through, consider the II Bronchopneumonia 485
       condition(s) reported on line I(c) as though reported as the last
       entry (or entries) on the preceding line.

    c. If only item I(b) or the printed I(a) Cardiac arrest 4275 5715
       "due to, or as a consequence of" (b)--- Cirrhosis of liver
       which appears below line I(a) is (c) Alcoholism 303
       marked through, consider the condition(s) reported on line I(b)
       as though reported as the last (c) Congestive failure 4280 4140
       entry (or entries) on the (b)--- ASHD
       preceding line. II Pneumonia 486

    d. If only one part of the printed I(a) Cardiorespiratory failure 7991
       "due to, or as a consequence of" Due to, or as a consequence of
       which appears below I(a) is marked (b) Infarction of brain 4349 4149
       through, consider the condition(s) Due to------, or as a consequence of
       reported on line I(b) as though (c) Ischemic heart disease
       reported as the last entry (or Code as though reported as second entry
       entries) on the preceding line. on line I(b).
GENERAL INSTRUCTIONS

F. Format - continued

8. Deletion of "Part II" on death certificate

When the certifier has marked through the printed Part II, code the conditions(s) reported in Part II as the last entry on the II-- and hypertension lowest used line in Part I. Since Part II is indicated to be a continuation of I(c), code hypertension as last entry on I(c).

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

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

F. Format - continued

Examples

9. Numbering of causes reported in Part I

a. When the certifier has numbered all causes or lines in Part I, that is 1, 2, 3, etc., code these entries as if reported on the same line.

   This instruction applies whether or not the numbering extends into Part II, and it also applies whether or not the "due to" below lines I(a) and/or I(b) are marked through.

   I(a) 1. Coronary thrombosis 410 4284 4019 4409 4879
   (b) 2. ASCVD
   (c) 3. Hypertension and arteriosclerosis
   II 4. Influenza

b. When part of the causes in Part I are numbered, make the interpretation for coding such entries on an individual basis.

   Enter the codes for the conditions numbered "1." and "2." on I(a) in the order indicated by the certifier. Do not enter a code on I(b); however, enter the code for the condition on I(c) on that line.

   I(a) Bronchopneumonia 485 1519
   (b) 1. Cancer of stomach 1519 5826
   (c) Chronic nephritis 5826

   Enter the codes for conditions numbered "1." and "2." on I(b) in the order indicated by the certifier. Do not enter a code on line I(c).

   I(a) Congestive heart failure 4280
(b) Influenza 4879
(c) 1. Pulmonary emphysema 492 1629
II 2. Cancer of lung
Code the condition numbered "2." as the second entry on line I(c). Do not enter a code in Part II.
GENERAL INSTRUCTIONS

F. Format - continued Examples

9. Numbering of causes reported in Part I - continued

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

   I(a) 1. Pneumonia 486
   (b) M. I.  410 4140
   (c) 2. ASHD

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

10. Punctuation marks

   a. Disregard punctuation marks such as I(a) Myocardial infarct? 410 a period, comma, semicolon, colon, (b) Meningitis, mastoiditis, 3229 3839 dash, slash, question mark, or (c) Otitis media 3829 exclamation mark when placed Disregard the punctuation marks and code the condi- the end of a line in Part I. Do tions reported on lines I(a), I(b), and I(c) as not apply this instruction to a not indicated by the certifier.

   hyphen (-) which indicates a word is incomplete. I(a) Chronic rheu- 3989 4581 (b) matic heart disease, chronic hypotension (c) Cancer 1991

   Regard the conditions reported on line I(b) as a continuation of line I(a). Do not enter a code on I(b).
b. When conditions are separated by a slash (/), code each condition as indexed. (b) ASHD 4140
Disregard the slash and code conditions as indexed.
GENERAL INSTRUCTIONS

G. Doubtful diagnosis

Examples

1. Doubtful qualifying expressions

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

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

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

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

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

G. Doubtful diagnosis - continued

Examples

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

a. When a condition of more than one site is qualified by a statement of "either...or..." and both sites are classified to the same system, code the condition to the residual category for the system.

I(a) Pneumonia 486
(b) Cancer of kidney or bladder 1899
Code I(b) 1899, malignant neoplasm of other and unspecified urinary organs.

I(a) Heart failure 4289
(b) Coronary or pulmonary blood clot 4449
Code I(b) 4449, blood clot, circulation.

d. When different diseases or conditions involving different systems are qualified by a statement of "either...or..." and only one site is involved, code to the residual category for the site.

I(a) Coma 7800
(b) ? gallbladder colic ? coronary 7998
fied by "either. . . or. . .", code thrombosis
7998, Other ill-defined conditions. Code I(b) 7998, other ill-defined conditions.
(Consider the two question marks on a single
line as "either. . . or. . .".)
GENERAL INSTRUCTIONS

G. Doubtful diagnosis - continued

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

e. When diseases and injuries are qualified by "either... or...", code 7999, Other unknown and unspecified cause, provided this is the only entry on the certificate. When other classifiable entries are reported, omit 7999.

f. For doubtful diagnosis in reference to "either... or..." accidents, suicides, and homicides, see page 153.

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

"as above"

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

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

I. Conditions specified as "healed"

Examples

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

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

I(a) Myocardial infarction 410
(b) Gastritis, healed 5355
(c) Code 5355, gastritis NOS in Part II.

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

J. Non-indexed and illegible entries

1. Terms that are not indexed

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

b. When non-classifiable entries such as death are stated "due to" a condition, enter the code for the condition in the "due to" position. "Death" is not a codable entry.
J. Non-indexed and illegible entries - continued

2. Illegible entries

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

K. Coding one-digit reject codes

Examples

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

1. Reject code 1-5 - Inconsistent duration

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

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

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

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

   Do not enter reject code 2. The duration on line I(b) is disregarded. The duration of diabetes on line I(c) was not shorter than that of ASHD on line I(a).
K. Coding one-digit reject codes - continued

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

If the inconsistent duration is between:

<table>
<thead>
<tr>
<th>Lines</th>
<th>Enter reject code</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>I(a) and I(b)</td>
<td>1</td>
<td>I(a) Cardiac arrest 4275</td>
</tr>
<tr>
<td>I(b) and I(c)</td>
<td>2</td>
<td>(b) Congestive heart failure 1 week 4280</td>
</tr>
<tr>
<td>I(c) and I(d)</td>
<td>3</td>
<td>(c) Ca. of stomach 1 year 1519</td>
</tr>
<tr>
<td>I(d) and I(e)</td>
<td>4</td>
<td>(d) Metastatic ca. of lung 6 months 1629</td>
</tr>
<tr>
<td>Inconsistent durations</td>
<td>5</td>
<td>Do not use reject code 3 since the inconsistent duration is between malignant neoplasms.</td>
</tr>
<tr>
<td>Inconsistent durations</td>
<td>5</td>
<td>Do not enter a reject code if the only inconsistency is between the durations of malignant neoplasms classifiable to 140-208.</td>
</tr>
</tbody>
</table>

Reject 5
GENERAL INSTRUCTIONS

K. Coding one-digit reject codes - continued

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

When certifier's entries or reformating 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. (f) Myxedema

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

If there are more than four "due to" statements in Part I and there is no codable condition reported on one or more of the lines, consider the condition(s) on each subsequent "due to" line as though reported on the preceding line. Enter reject code 9 only if, after reformating, there are codable conditions on more than five result of the rearrangement of the conditions, lines. Do not enter reject code 9. Since bedfast is not a codable condition, enter the code for paralysis on line I(b), the code for CVA on I(c), etc. As a codable conditions on only five lines.
GENERAL INSTRUCTIONS

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

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

1. When additional information (A.I.) states the underlying cause of a specified disease in Part I, code the additional information (A.I.) in a "due to" position to the specified disease.

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

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

   A.I.: Lobar pneumonia
   Code lobar pneumonia (481) as the specified type of pneumonia on I(a) only.
GENERAL INSTRUCTIONS

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

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 (&). 

   A.I. Gastrectomy done for gastric ulcer. 
   Code: the condition necessitating the surgery on I(c) and precede this code with an ampersand.

   Examples
   I(a) Coronary occlusion 971
   (b) Gastrectomy &8786
   (c) &5319

   I(a) Respiratory arrest 7991
   (b) Pneumonia 973
   (c) Uremia, cholecystectomy 586 &8786 &5742

   A.I.: Surgery for gallstones
   Code the condition necessitating the surgery following the E Code for surgery in Part II.

4. When additional information (A.I.) states a certain condition is the underlying cause of death, code this condition in Part I in a "due to" position on a separate line to the conditions reported on II the original death record. 

   A.I.: U. C. was diabetes.
   Accept the certifier's statement that the underlying cause of death was "diabetes," and code this condition on I(d) in a "due to" position to the conditions originally reported in Part I.
GENERAL INSTRUCTIONS

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

5. When cancer NOS, carcinoma NOS, malignancy NOS, or adenocarcinoma NOS is reported in Part I with no mention of a "site" and additional information specifies a site, code the specified site only on the line A.I.: Cancer of lung where cancer NOS, carcinoma NOS, malignancy NOS, or adenocarcinoma NOS is stated. Code only the specified cancer (lung) on

6. When additional information states the primary site of a malignant neoplasm, code this condition in a "due to" position to the other malignant neoplasms reported in Part I. A.I.: Colon was primary site. Code the stated primary site on I(c) in a "due to" position to the other neoplasms reported in Part I.

I(a) Carcinomatosis 1990
(b) 185
(c)

II A.I.: Prostate was probably the primary site. Code the presumptive primary site (prostate) on I(b) in a "due to" position to the stated neoplasm reported on the original death record.
GENERAL INSTRUCTIONS

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

7. When the additional information does not modify a condition on the certificate or does not state that this condition is the underlying cause, code the A.I. as the last condition(s) in Part II. Examples

I(a) Coronary thrombosis 410
(b) HASCVD 4029
(c) II Hypertension 4019 4409 436 412

A.I.: Arteriosclerosis, CVA, old M.I.

M. Amended certificates

When an "amended certificate" is submitted, code the conditions reported on the amended certificate only.
SECTION III
INTENT OF CERTIFIER

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

A. **Psoas Abscess (0150)**

Due to conditions classifiable to the following codes:

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

Examples

I(a) Psoas abscess 7288
(b) Metastatic bone carcinoma 1985
(c) Carcinoma lung 1629
I(a)  Psoas abscess  0150
(b)
(c)
II  Systemic lupus erythematosus  7100
I(a)  Non-tuberculous psoas abscess  7288
(b)
(c)
INTENT OF CERTIFIER

B. Waterhouse-Friderichsen Syndrome (0363)

Reported due to                             Code

Waterhouse-Friderichsen syndrome              2555 (Waterhouse-Friderichsen syndrome, nonmeningococcal)
Septicemia (any condition in 038)             with no mention of a meningococcal infection on the death certificate

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

#### C. Charcot's Arthropathy (0940)

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

**Example**

1(a) Joint effusion with resulting pathological fracture knee 7331  
(b) Charcot's arthropathy 7190  
(c) Diabetes 3499  
(d) 2500
### INTENT OF CERTIFIER

D. **General Paresis (0941)**

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

### Examples

I(a) C.V.A. with general paresis | 436 3449 |
(b) *(Paralysis, traumatic)*
I(a) General paresis (52
(b) Brain injury (54
(c)
II Auto accident &8199
### E. Organisms and Infection NOS (1369)

<table>
<thead>
<tr>
<th>Due to</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infectious or inflammatory condition</td>
<td>Specified organism or specified nonsystemic infection and the organism or infection is the only entry on the line or the first mentioned entry in the &quot;due to&quot; position.</td>
</tr>
<tr>
<td>Infectious or inflammatory condition</td>
<td>Infection NOS and the infection is the only entry or the first entry in the &quot;due to&quot; position.</td>
</tr>
<tr>
<td>Non-infectious or non-inflammatory condition</td>
<td>Infection NOS</td>
</tr>
<tr>
<td>Any condition</td>
<td>Any generalized infection such as:</td>
</tr>
</tbody>
</table>
Sepsis (generalized)  
Septicemia (generalized)  
Systemic infection  
Viremia  

systemic infection where entered on certificate. **Do not modify** the condition by the infection.
### INTENT OF CERTIFIER

E. continued **Organisms and Infection NOS (1369)**

<table>
<thead>
<tr>
<th>Preceding</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>An organism</td>
<td>Two or more infectious conditions reported consecutively on the same line.</td>
</tr>
<tr>
<td>Each of the infectious conditions modified by the organism.</td>
<td></td>
</tr>
</tbody>
</table>

#### Examples

<table>
<thead>
<tr>
<th>I(a) Pneumonia</th>
<th>481</th>
<th>I(a) Pneumonia</th>
<th>486</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) Pneumococcus</td>
<td></td>
<td>(b) Viremia</td>
<td>7908</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I(a) Pyelonephritis</th>
<th>5908</th>
<th>I(a) Cholecystitis</th>
<th>5751</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) Staphylococcus infection</td>
<td></td>
<td>(b) Infection</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I(a) Meningitis</th>
<th>3200</th>
<th>I(a) Myocarditis</th>
<th>4229</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) H. influenzae</td>
<td></td>
<td>(b) Infection</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I(a) Pneumonia</th>
<th>4809</th>
<th>I(a) ASHD</th>
<th>4140</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) Viral infection</td>
<td></td>
<td>(b) Infection</td>
<td>1369</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I(a) Bronchopneumonia</th>
<th>485</th>
<th>I(a) Pneumonia and meningitis</th>
<th>4828 3208</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) Septicemia</td>
<td>0389</td>
<td>(b) E. Coli</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I(a) Sepsis and pneumonia</th>
<th>0799 4809</th>
<th>I(a) Staphylococcal pneumonia and meningitis</th>
<th>4824 3203</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) Virus infection</td>
<td></td>
<td>(b) meningitis</td>
<td></td>
</tr>
<tr>
<td>(c) Hepatic cirrhosis</td>
<td>5715</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### INTENT OF CERTIFIER

#### F. Polycythemia (2384)

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>I(a) Polycythemia</td>
<td>2890</td>
</tr>
<tr>
<td>(b) Pneumonia</td>
<td>486</td>
</tr>
<tr>
<td>I(a) Polycythemia vera</td>
<td>2384</td>
</tr>
<tr>
<td>(b) Emphysema</td>
<td>492</td>
</tr>
<tr>
<td>I(a) Polycythemia &amp; Chloromycetin therapy</td>
<td>2890 &amp; 9302</td>
</tr>
<tr>
<td>(b) Chloromycetin therapy</td>
<td>9302</td>
</tr>
</tbody>
</table>
Conditions classifiable to 279.3, 279.8, 279.9

Example

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

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

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

II  Human immunodeficiency virus 044.9

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

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

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

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

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

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

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

I  
(a) Immune deficiency state  279.3  
(b)  
(c)  

II  
HIV positive serology  795.8  

Code  

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

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

Note: Examples on following page  

Causing  

candidiasis  
disseminated (112.5)  
of: mouth (112.0)
skin and nails (112.3)  
other and unspecified  
sites (112.8, 112.9) (excludes:  
112.1, 112.2, 112.4)

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

Code

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

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

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

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

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

II Kaposi's sarcoma

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

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

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

Examples

I (a) Kaposi's sarcoma 173.9
(b)
II Immune deficiency syndrome 042.9

I (a) Pnumocystis pneumonia 136.3
(b)
(c)
II Immune deficiency disease 042.9

Reported on the Same record with

Burkitt's tumor (200.2)
candidiasis
  of: lung (112.4)
coccidiosis (007.2)
cryptococcosis (117.5)
cryptosporidiosis (007.2)
immunoblastic sarcoma (200.8)
Kaposi's sarcoma (173)
lymphoma of brain or CNS (202.8)
pneumocystosis (136.3)
progressive multifocal
  leukoencephalopathy (046.3)
reticulosarcoma (200.0)
toxoplasmosis (130)

I (a) Immune deficiency syndrome
(b)
(c)
II Kaposi's sarcoma
I (a) Immune deficiency
   (b) Hodgkin's disease
   (c)
II Cryptosporidiosis

Code

the 279.3, 279.8, 279.9, to 042.9, Acquired immuno-deficiency syndrome
042.9
173.9
279.3
201.9
007.2
**INTENT OF CERTIFIER**

G.  
**Hemolytic Anemia (2829)**

Due to conditions classifiable to the following categories:

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

**Examples**

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

I(a) Hemolytic anemia 2829
(b) Hypogammaglobulinemia 2790

I(a) Secondary hemolytic anemia 2831
(b)
INTENT OF CERTIFIER

H. Dementia, Psychosis (2989)

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>0010-3599</td>
<td>Dementia NOS</td>
</tr>
<tr>
<td>2949</td>
<td></td>
</tr>
<tr>
<td>390-5199</td>
<td>Psychosis NOS</td>
</tr>
<tr>
<td>5300-6049</td>
<td></td>
</tr>
<tr>
<td>6080-6179</td>
<td></td>
</tr>
<tr>
<td>630-6989</td>
<td></td>
</tr>
<tr>
<td>7100-7799</td>
<td></td>
</tr>
<tr>
<td>797</td>
<td></td>
</tr>
<tr>
<td>(00-(29</td>
<td></td>
</tr>
<tr>
<td>(50-)099</td>
<td></td>
</tr>
<tr>
<td>)25-999</td>
<td></td>
</tr>
<tr>
<td>E8000-E999</td>
<td></td>
</tr>
<tr>
<td>2949,</td>
<td>Psychosis,</td>
</tr>
<tr>
<td></td>
<td>organic NEC</td>
</tr>
</tbody>
</table>

Examples

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

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

I. **Alcohol Intoxication.**

### Blood Alcohol (any %) (3050, 7903)

<table>
<thead>
<tr>
<th>Reported</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol ingestion</td>
<td>Anywhere on certificate 3050</td>
</tr>
<tr>
<td>Alcohol overindulgence</td>
<td>(If accident box is checked and there is no mention of trauma on the certificate, do not enter an E Code.)</td>
</tr>
<tr>
<td>Alcohol &quot;overdose&quot;</td>
<td></td>
</tr>
<tr>
<td>Drinking</td>
<td></td>
</tr>
<tr>
<td>Intoxication (acute) NOS</td>
<td></td>
</tr>
</tbody>
</table>

Blood alcohol (any %) Anywhere on certificate 7903

**Exceptions:**

1. When alcohol poisoning or alcohol toxicity is reported anywhere on certificate, code the above terms to alcohol poisoning.

2. When alcohol and drug poisoning are reported on the same record (see page 189).

3. When intoxication (acute) NOS is reported due to drugs or poisonous substances (see page 190).

**Examples**

- I(a) Alcohol intoxication 3050 I(a) G. I. hemorrhage 5789
- (b) Blood alcohol 3% 7903 (b) Cirrhosis of liver 5715
- II IX/accident 3050 II Intoxicated 3050

Excessive alcohol intake
INTENT OF CERTIFIER

J.  Parkinsonism (3320)

Due to
Conditions classifiable
to the following codes:  Code

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code Range</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parkinsonism</td>
<td>0130-0139, 1390</td>
<td>3321</td>
</tr>
<tr>
<td>Parkinson's Disease</td>
<td>0460-0469, 1398</td>
<td>3321</td>
</tr>
<tr>
<td>Parkinson's Disease</td>
<td>0470-0499</td>
<td>3200-3249 Parkinsonism</td>
</tr>
<tr>
<td></td>
<td>0620-064</td>
<td>326</td>
</tr>
<tr>
<td></td>
<td>0904</td>
<td>3320-3321</td>
</tr>
<tr>
<td></td>
<td>0940-0949</td>
<td>(00-)999</td>
</tr>
<tr>
<td></td>
<td>1371</td>
<td>E8000-E999</td>
</tr>
</tbody>
</table>

Examples

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

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

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

K. Cerebral Sclerosis (3419)

<table>
<thead>
<tr>
<th>Causing conditions classifiable to the following codes:</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerebral sclerosis NOS</td>
<td>4300-4379</td>
</tr>
<tr>
<td></td>
<td>4370, Cerebrovascular Atherosclerosis</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>0930-0979</td>
</tr>
<tr>
<td>2420-2449</td>
</tr>
<tr>
<td>2500-2539</td>
</tr>
<tr>
<td>2550-2599</td>
</tr>
<tr>
<td>2700-2749</td>
</tr>
<tr>
<td>2780</td>
</tr>
<tr>
<td>2788</td>
</tr>
<tr>
<td>4010-4049</td>
</tr>
<tr>
<td>4370</td>
</tr>
<tr>
<td>7100-7109</td>
</tr>
<tr>
<td>7530-7531</td>
</tr>
<tr>
<td>7533</td>
</tr>
<tr>
<td>7590-7592</td>
</tr>
<tr>
<td>797</td>
</tr>
<tr>
<td>4400-4409</td>
</tr>
<tr>
<td>4429</td>
</tr>
<tr>
<td>4599</td>
</tr>
<tr>
<td>5800-5949</td>
</tr>
<tr>
<td>5990</td>
</tr>
</tbody>
</table>

Examples

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

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

I(a) A.S.H.D. 4140
II Cerebral sclerosis, hypertension  4370  4019
## INTENT OF CERTIFIER

### L. Paralysis (any 342 or 344)

<table>
<thead>
<tr>
<th>Due to</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paralysis (any 342 or 344)</td>
<td>760-779</td>
</tr>
</tbody>
</table>

The paralysis for decedent age 28 days and over to 3337 or 343 with appropriate fourth digit.

**Example**

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

### M. Polyneuropathy (3569)

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

**Example**

- I(a) Polyneuropathy 3579
- (b) Diabetes Mellitus 2500
- (c)
### INTENT OF CERTIFIER

**N.** Myopathy (3599)

Due to conditions classifiable to the following codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>390-3989</td>
<td>4259,</td>
</tr>
<tr>
<td>4020-4029</td>
<td>Secondary</td>
</tr>
<tr>
<td>4040-4049</td>
<td>Cardiomyopathy</td>
</tr>
<tr>
<td>410-4149</td>
<td></td>
</tr>
<tr>
<td>4209-4259</td>
<td></td>
</tr>
<tr>
<td>4282-4284</td>
<td></td>
</tr>
<tr>
<td>4290-4291</td>
<td></td>
</tr>
<tr>
<td>7450-7469</td>
<td></td>
</tr>
</tbody>
</table>

**Example**

I(a) Myopathy 4259
(b) A.S.H.D. 4140
(c)
INTENT OF CERTIFIER

O.  
Fibrinous, Serofibrinous Pericarditis (3910)

Reported due to conditions
classifiable to the following codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0010-2899</td>
<td>Fibrinous pericarditis, nonrheumatic or serofibrinous pericarditis</td>
</tr>
<tr>
<td>3040-3049</td>
<td>nonrheumatic serofibrinous pericarditis</td>
</tr>
<tr>
<td>3052-3059</td>
<td>nonrheumatic serofibrinous pericarditis</td>
</tr>
<tr>
<td>3200-3499</td>
<td>nonrheumatic serofibrinous pericarditis</td>
</tr>
<tr>
<td>3800-3889</td>
<td>nonrheumatic serofibrinous pericarditis</td>
</tr>
<tr>
<td>4010-4579</td>
<td>nonrheumatic serofibrinous pericarditis</td>
</tr>
<tr>
<td>4590-5131</td>
<td>nonrheumatic serofibrinous pericarditis</td>
</tr>
<tr>
<td>515-5169</td>
<td>nonrheumatic serofibrinous pericarditis</td>
</tr>
<tr>
<td>5181-5183</td>
<td>nonrheumatic serofibrinous pericarditis</td>
</tr>
<tr>
<td>5185-5199</td>
<td>nonrheumatic serofibrinous pericarditis</td>
</tr>
</tbody>
</table>

Examples

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

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

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

P. Cardiomyopathy (4254)

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

Examples

I(a) Cardiomyopathy 4259 I(a) Cardiomyopathy &4259
(b) A.S.H.D. 4140 (b) Penicillin 9300
(c) (c)
Q. Varices (4549)

<table>
<thead>
<tr>
<th>Due to or on same line with</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varices NOS</td>
<td>571 Chronic liver disease and cirrhosis</td>
</tr>
<tr>
<td>Bleeding varices NOS</td>
<td>5723 Portal hypertension</td>
</tr>
</tbody>
</table>

Example

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

R. Pneumonia (481, 485, 486)

<table>
<thead>
<tr>
<th>When</th>
<th>Is reported due to</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumonia in 486</td>
<td>Bedfast</td>
<td>Upper line 514</td>
</tr>
<tr>
<td>Bronchopneumonia in 485</td>
<td>Bedrest</td>
<td></td>
</tr>
<tr>
<td>Lobar pneumonia, organism</td>
<td>Bedridden</td>
<td></td>
</tr>
<tr>
<td>unspecified only in 481</td>
<td>Hypostasis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inactivity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lying in bed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prolonged recumbency</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recumbency</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sitting in chair</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stasis</td>
<td></td>
</tr>
</tbody>
</table>

Example

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

S. Laennec's Cirrhosis NOS (5712)

<table>
<thead>
<tr>
<th>When</th>
<th>Is reported due to</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laennec's cirrhosis NOS 001-208</td>
<td>393-3989</td>
<td>5715 (nonalcoholic)</td>
</tr>
<tr>
<td>2113-2114</td>
<td>402-429</td>
<td></td>
</tr>
<tr>
<td>2302-2309</td>
<td>452</td>
<td></td>
</tr>
<tr>
<td>2352-2354</td>
<td>555-556</td>
<td></td>
</tr>
<tr>
<td>2384</td>
<td>5695-5701</td>
<td></td>
</tr>
<tr>
<td>2390</td>
<td>5714-5719</td>
<td></td>
</tr>
<tr>
<td>2449</td>
<td>5720-5721</td>
<td></td>
</tr>
<tr>
<td>250</td>
<td>5733-5734</td>
<td></td>
</tr>
<tr>
<td>261-2639</td>
<td>5740-5779</td>
<td></td>
</tr>
<tr>
<td>269</td>
<td>5790-5799</td>
<td></td>
</tr>
<tr>
<td>2711</td>
<td>7510-7519</td>
<td></td>
</tr>
<tr>
<td>2750</td>
<td>758-759</td>
<td></td>
</tr>
<tr>
<td>277</td>
<td>760-799</td>
<td></td>
</tr>
<tr>
<td>2780</td>
<td>810-89</td>
<td></td>
</tr>
<tr>
<td>280-285</td>
<td>E8610-E8699</td>
<td></td>
</tr>
<tr>
<td>2894-2895</td>
<td>E930-E949</td>
<td></td>
</tr>
<tr>
<td>2898</td>
<td></td>
<td></td>
</tr>
<tr>
<td>304</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3052-3059</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Example

I(a) Cardiac arrest 4275
(b) Laennec's cirrhosis 5715
(c) Diabetes 2500

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

**Lupus Erythematosus (6954)**

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

**Example**

I(a) Nephritis  
(b) Lupus erythematosus  
(c)
INTENT OF CERTIFIER

U.  Pathological Fracture (7331)

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

Reported on same line with

<table>
<thead>
<tr>
<th>Fracture (any site)</th>
<th>Osteomalacia (2682)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Osteoporosis (7330)</td>
</tr>
<tr>
<td></td>
<td>Paget's disease (7310)</td>
</tr>
<tr>
<td></td>
<td>Malignant neoplasm of bone (170, 1985)</td>
</tr>
</tbody>
</table>

Examples

I(a) Fracture hip 7331 (7330 7331) Pneumonia 486
(b) Osteoarthritis 7159 Osteoporosis c fracture spine

I(a) Myocardial infarction 410 Pneumonitis 486
(b) ASHD 4140 Arteriosclerosis 4409
(c) Fracture femur 7331

II Fracture of spine due to 7331 7169 888 II /x/accident how injury occurred spontaneous in bed/ arthritis causing fall
Code fracture of femur as pathological since certifier indicated it was spontaneous. Do not enter code for "accident" in checkbox.
### INTENT OF CERTIFIER

#### V. Starvation (942)

<table>
<thead>
<tr>
<th>Due to</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starvation NOS (942)</td>
<td>2639 (Malnutrition NOS)</td>
</tr>
<tr>
<td>Disease of g.i. tract</td>
<td></td>
</tr>
<tr>
<td>Internal injury</td>
<td></td>
</tr>
<tr>
<td>All neoplasms (1400-2399)</td>
<td>2639 (Malnutrition NOS)</td>
</tr>
</tbody>
</table>

**Examples**

- I(a) Anemia 2859
- I(b) Starvation 2639
- (c) Ca. of esophagus 1509
- Code I(b) to 2639, malnutrition since this condition is reported due to a disease of the digestive (g.i.) system.

- I(a) Starvation 2639
- (b) Crushed abdomen 68
- II Auto accident 8199
- Code I(a) to 2639, malnutrition since this condition is reported due to an internal injury.
SECTION IV
CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories

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

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

001 Cholera
002 Typhoid and paratyphoid fevers
005.1 Botulism
007.0 Balantidiasis
007.1 Giardiasis
007.3 Intestinal Trichomoniasis
007.8 Other protozoal intestinal diseases
007.9 Unspecified protozoal intestinal diseases
020 Plague
021 Tularaemia
026 Rat-bite fever
030 Leprosy
032 Diphtheria
033 Whooping cough
037 Tetanus
045 Acute poliomyelitis
050 Smallpox
055 Measles
056 Rubella
051 Cowpox and paravaccinia
060 Yellow fever
<table>
<thead>
<tr>
<th>Code</th>
<th>Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>022</td>
<td>Anthrax</td>
</tr>
<tr>
<td>023</td>
<td>Brucellosis</td>
</tr>
<tr>
<td>024</td>
<td>Glanders</td>
</tr>
<tr>
<td>025</td>
<td>Melioidosis</td>
</tr>
<tr>
<td>061</td>
<td>Dengue</td>
</tr>
<tr>
<td>063</td>
<td>Tick-borne viral encephalitis</td>
</tr>
<tr>
<td>064</td>
<td>Viral encephalitis transmitted by other and unspecified arthropods</td>
</tr>
<tr>
<td>065</td>
<td>Arthropod-borne hemorrhagic fever</td>
</tr>
</tbody>
</table>
### CLASSIFICATION OF CERTAIN ICD CATEGORIES

#### A. Coding Specific Categories

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>066.0</td>
<td>Phlebotomus fever</td>
</tr>
<tr>
<td>066.2</td>
<td>Venezuelan equine fever</td>
</tr>
<tr>
<td>066.3</td>
<td>Other mosquito-borne fever</td>
</tr>
<tr>
<td>071</td>
<td>Rabies</td>
</tr>
<tr>
<td>072</td>
<td>Mumps</td>
</tr>
<tr>
<td>073</td>
<td>Ornithosis</td>
</tr>
<tr>
<td>074.1</td>
<td>Epidemic pleurodynia</td>
</tr>
<tr>
<td>080</td>
<td>Louse-borne (epidemic) typhus</td>
</tr>
<tr>
<td>081</td>
<td>Other typhus</td>
</tr>
<tr>
<td>082.1</td>
<td>Boutonneuse fever</td>
</tr>
<tr>
<td>082.2</td>
<td>North Asian tick fever</td>
</tr>
<tr>
<td>082.3</td>
<td>Queensland tick typhus</td>
</tr>
<tr>
<td>082.8</td>
<td>Other tick-borne rickettsioses</td>
</tr>
<tr>
<td>082.9</td>
<td>Unspecified tick-borne rickettsioses</td>
</tr>
<tr>
<td>083</td>
<td>Other rickettsioses</td>
</tr>
<tr>
<td>084</td>
<td>Malaria</td>
</tr>
<tr>
<td>085</td>
<td>Leishmaniasis</td>
</tr>
<tr>
<td>086</td>
<td>Trypanosomiasis</td>
</tr>
<tr>
<td>087</td>
<td>Relapsing fever</td>
</tr>
<tr>
<td>088</td>
<td>Other arthropod-borne diseases</td>
</tr>
<tr>
<td>100</td>
<td>Leptospirosis</td>
</tr>
<tr>
<td>102</td>
<td>Yaws</td>
</tr>
<tr>
<td>103</td>
<td>Pinta</td>
</tr>
<tr>
<td>104</td>
<td>Other spirochaetal infection</td>
</tr>
<tr>
<td>120</td>
<td>Schistosomiasis</td>
</tr>
<tr>
<td>121</td>
<td>Other trematode infections</td>
</tr>
<tr>
<td>122</td>
<td>Echinococcosis</td>
</tr>
<tr>
<td>123</td>
<td>Other cestode infection</td>
</tr>
<tr>
<td>124</td>
<td>Trichinosis</td>
</tr>
<tr>
<td>125</td>
<td>Filarial infection and dracontiasis</td>
</tr>
<tr>
<td>771.0</td>
<td>Congenital rubella</td>
</tr>
</tbody>
</table>
A. Coding Specific Categories

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

   771.3 Tetanus neonatorum

   978 Poisoning by bacterial vaccines

   979.0 Poisoning by smallpox vaccine

   979.1 Poisoning by rabies vaccine

   979.2 Poisoning by typhus vaccine

   979.3 Poisoning by yellow fever vaccine

   979.4 Poisoning by measles vaccine

   979.5 Poisoning by poliomyelitis vaccine

   979.6 Poisoning by other and unspecified viral and rickettsial vaccines

   979.7 Poisoning by mixed viral rickettsial and bacterial vaccines, except combinations with a pertussis component

   E926 Exposure to radiation
A. **Coding Specific Categories**

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

   a. **Acute poliomyelitis (045)\**

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

<table>
<thead>
<tr>
<th>Examples</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I(a) Acute polio 0459</td>
<td></td>
</tr>
<tr>
<td>I(a) Polio 3 wks 0459</td>
<td></td>
</tr>
</tbody>
</table>
CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories

2. Neoplasms (140-239)

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

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

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

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

   Fibromyxoma (M8811/0) - see
   Neoplasm, connective tissue, benign.
A. Coding Specific Categories - continued

2. Neoplasms (140-239) - continued

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

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

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

Hepatocarcinoma (M8170/3) 1550

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

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

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

I(a) Osteomyelitis 7302
(b) Fibromatosis - femur 7339
Code fibromatosis, femur to fibroma, bone, 7339.
CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

2. Neoplasms (140-239) - continued

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

a. Malignant neoplasms (140-208)

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

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

A. Coding Specific Categories - continued

2. Neoplasms (140-239) - continued

a. Malignant neoplasms (140-208) - continued

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

   140-195 Malignant neoplasms, stated or presumed to be primary, of specified sites and types of tissue, except lymphatic and hematopoietic tissue.

   196-198 Malignant neoplasms, stated or presumed to be secondary, of specified sites, regardless of morphological type of neoplasm.

   199 Malignant neoplasm without specification of site (primary) (secondary).

   200-208 Malignant neoplasms, stated or presumed to be primary, of lymphatic and hematopoietic tissue, regardless of site.

In order to determine the appropriate code for each reported neoplasm, a number of factors must be taken into account including the order in which the neoplasms are reported, the morphological type of neoplasm and qualifying terms. Assign all malignant neoplasms (metastatic) (primary) (primary unknown) (secondary)
without mention of a specified site to the appropriate
CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

2. Neoplasms (140-239) - continued

a. Malignant neoplasms (140-208) - continued

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

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

1. a morphological type of neoplasm that is listed in the index to 200-208 was primary and code to 200-208 regardless of whether qualified as metastatic;

2. a malignant neoplasm of the lymph nodes was secondary and code to the appropriate subcategory of 196;

3. a malignant neoplasm of liver was primary but distinguish between those stated to be primary (1550) and those not so stated (1552); Code the carcinoma of liver to 1552, since it was not stated as primary.

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

A. Coding Specific Categories - continued

2. Neoplasms (140-239) - continued

   a. Malignant neoplasms (140-208) - continued

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

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

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

           (1) Specification of primary

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

               Code cancer of liver as primary.
A. Coding Specific Categories - continued

2. Neoplasms (140-239) - continued

   a. Malignant neoplasms (140-208) - continued

      (1) Specification of primary - continued

          Consider any morphological type of neoplasm classifiable to 1991 that is reported in Part I with a malignant neoplasm that is stated to be primary to be qualified as secondary.

          If a morphological type of neoplasm not classifiable to 1991 is reported in Part I with a different morphological type of malignant neoplasm that is stated to be primary, consider both neoplasms to be primary.

          (2) Site specific neoplasms

          Classify morphological types of neoplasms that appear in the index with specific site codes (site specific neoplasms) e.g., "Hepatocarcinoma (M8170/3) 1550," as indexed regardless of site and regardless of whether qualified as metastatic.

          I(a) Primary ca. of ovary 1830
          (b) Cancer of uterus 1988

          Code cancer of uterus as secondary.

          I(a) Osteosarcoma of vertebra 1702
          (b) Primary carcinoma of stomach 1519

          Code osteosarcoma of vertebra as primary.

          I(a) Hepatocarcinoma of brain 1550 1983
          Code 1550 (hepatocarcinoma) and 1983 (secondary neoplasm of brain).

          I(a) Carcinoma of lung 1970
          (b) Renal cell carcinoma 1890

          Code neoplasm of the lung as secondary (1970) and code the site specific neoplasm, renal cell carcinoma (1890).
CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

2. Neoplasms (140-239) - continued

a. Malignant neoplasms (140-208) - continued

(2) Site specific neoplasms - continued

If there is a conflict between the code for a site specific neoplasm and the stated site, code the site specific neoplasm as indexed and consider the renal cell carcinoma (1890) and code secondary neoplasm of the lung (1970). Code the site specific neoplasm, stated site to be qualified as secondary and code accordingly. Enter the code for the secondary site on the same line with and immediately following the code for the site specific neoplasm.

When a site specific neoplasm, whether or not qualified as metastatic, is reported due to the same site specific neoplasm, code the neoplasm on the upper line to 199.

Examples

I(a) Metastatic renal cell 1890 1970
(b) Carcinoma of lung

I(a) Bronchogenic carcinoma 1991
(b) Bronchogenic carcinoma of lung 1629
A. **Coding Specific Categories** - continued

2. **Neoplasms** (140-239) - continued

   a. **Malignant neoplasms** (140-208) - continued

   (3) **Order of entry**

   Consider any morphological type of neoplasm classifiable to 1991 that is not stated to be primary to be specified as secondary and code as such, site specific neoplasm, renal cell carcinoma if it is reported as due to a malignant neoplasm classifiable to 140-195. This is considered to be secondary because of the generalization does not apply if the duration of this condition was longer than duration of the neoplasm reported on the lowest line is shorter than that of the neoplasm reported above it and there is only one neoplasm reported on each line.

   (Do not use the duration to qualify the neoplasm on the lower line as secondary).
CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

2. Neoplasms (140-239) - continued

a. Malignant neoplasms (140-208) - continued

(3) Order of entry - continued

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

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

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

When one of these morphological types of malignant neoplasms is reported:

   I(a) Seminoma of testes 1869
   (b) Oat cell carcinoma 1629

(1) due to a different morphological type (including those classified in the same manner), code each as though the other had not been reported.

   I(a) Astrocytoma of brain 1919
   (b) Carcinoma of pancreas 1579
A. Coding Specific Categories — continued

2. Neoplasms (140-239) — continued

   a. Malignant neoplasms (140-208) — continued

   (3) Order of entry — continued

   (2) of specified site(s) and due to the same morphological type, code the site(s) on the upper line as secondary.

   (3) without mention of a site (whether or not qualified as "metastatic") due to the same morphological type of a specified site, code the neoplasm on the upper line to 199.

   (4) of a specified site and qualified as "primary site unknown" (or a synonymous term), code the morphological type NOS and the site as secondary.

   (5) of the liver or lymph nodes, code the site assumed to be most likely when no site is specified, and the liver and/or lymph nodes as secondary.
A. Coding Specific Categories - continued

2. Neoplasms (140-239) - continued

a. Malignant neoplasms (140-208) - continued

(3) Order of entry - continued

<table>
<thead>
<tr>
<th>Code</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>I(a) Carcinoma of pancreas 1978</td>
<td>(b) Carcinoma of pancreas 1579 Code I(a) as secondary and I(b) as primary.</td>
</tr>
<tr>
<td>I(a) Cancer of stomach 1978</td>
<td>(b) Cancer of liver 1552 Code I(a) as secondary I(b) to 1552 since it was not stated to be primary.</td>
</tr>
<tr>
<td>I(a) Adenocarcinoma colon 3 years 1539</td>
<td>(b) Carcinoma of lung - LLL 6 months 1625 Do not code the neoplasm on I(a) as secondary since the duration of this neoplasm is stated to be longer than the duration of the neoplasm on I(b). Code each neoplasm as indexed. Since the conflict in duration is between neoplasms, do not code reject 1.</td>
</tr>
</tbody>
</table>

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

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

I(a) Tumor of upper lung 1623 (b) Carcinoma |
CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

2. Neoplasms (140-239) - continued

   a. Malignant neoplasms (140-208) - continued

      (3) Order of entry - continued

      of neoplasm of unspecified site, code the neoplasm on the upper line
      qualified by the morphological type, and do not enter a code for the morphological type
      of unspecified site on the lower line if:

      (a) The morphological type of neoplasm of unspecified site on the lower line is classified to the same site as the neoplasm on the upper line.

      (b) The morphological type of neoplasm of unspecified site on the lower line is classified according to site affected such as the malignant neoplasms classifiable to categories 170, 171, 172, and 173.

      (c) The classification provides for the classification of the morphological type of neoplasm reported on the lower line to 1991.

EXCEPTIONS:

Cancer of liver and lymph nodes reported due to melanoma.

I(a) Cancer of liver
(b) Melanoma
(c) Melanoma
A. Coding Specific Categories - continued  

2. Neoplasms (140-239) - continued  

   a. Malignant neoplasms (140-208) - continued  

      (3) Order of entry - continued  

EXCEPTIONS - continued  

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

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

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

EXCEPTIONS - continued  

I(a) Carcinoma lymph nodes 1969  
(b) Osteogenic sarcoma 1709  
(c) Acute myelogenous leukemia 2050  
(b) Fibrosarcoma right thigh 1713  
Since the neoplasm on I(a) is classifiable to 200-208, with another morphological type reported on I(b), code each neoplasm as if it were the only one reported.  

I(a) Hodgkin's granuloma 2011  
(b) Cancer of lung 1629  
Code each neoplasm as if the other had not been reported.  

I(a) Leiomyosarcoma, stomach 1519  
(b) Hepatoblastoma 1550  
Since the morphological type of neoplasm on I(a) is classifiable to 1719, and another morphological type is reported on I(b), code each neoplasm as if it were the only one reported.
CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

2. Neoplasms (140-239) - continued

   a. Malignant neoplasms (140-208) - continued

      (3) Order of entry - continued

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

      (4) Metastatic

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

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

      (b) Metastatic lymphosarcoma 2001

      Bronchogenic carcinoma is a site specific neoplasm. Disregard "metastatic" and code as indexed.

      I(a) Metastatic bronchogenic carcinoma 1629

      (b) Metastatic lymphosarcoma 2001

      I(a) Severe pancytopenia and uremia 2848 586

      (b) Metastatic lymphosarcoma 2001

      Disregard "metastatic" and code lymphosarcoma as indexed.
CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

2. Neoplasms (140-239) - continued

   a. Malignant neoplasms (140-208) - continued

      (4) Metastatic - continued

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

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

         Examples

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

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

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

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

A. Coding Specific Categories - continued

2. Neoplasms (140-239) - continued

a. Malignant neoplasms (140-208) - continued

(4) Metastatic - continued

(d) If only one site is reported and this is qualified as metastatic and the morphological type of neoplasm is classifiable to 1709, 1719, 1729, 1739, 1919, or 1929, code the site as secondary and code the morphological type of neoplasm (1709, 1719, etc.). Enter the code for the morphological type of neoplasm on the same line with and preceding the secondary code.

I(a) Metastatic rhabdomyosarcoma 1719 1961
(b) lymph nodes
Code: rhabdomyosarcoma NOS (1719) and secondary neoplasm of hilar lymph nodes (1961).

(e) If only one of the following sites is reported and qualified as "metastatic" and the morphological type of neoplasm is classifiable to 1991, code as secondary.

I(a) Metastatic carcinoma of 1985
(b) bone
Any site otherwise classifiable to 195, bone, brain, diaphragm, heart, liver, lymph nodes, mediastinum, meninges, peritoneum, pleural, retroperitoneum, and/or spinal cord.

I(a) Metastatic carcinoma of pancreas 1579

Code any site not listed above as primary.
CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories

2. Neoplasms (140-239) - continued

a. Malignant neoplasms (140-208) - continued

(4) Metastatic - continued

(f) If two or more sites are reported and some are qualified as "metastatic" while others are not,

1 code a morphological type of neoplasm classifiable to 1709, 1719, 1729, 1739 1919, or 1929 that is qualified as "metastatic" to that category:

Code I(a) as a secondary malignant neoplasm. Transitional cell carcinoma is a morphological type of neoplasm classifiable to 1991.

2 code any site otherwise classifiable to 195, bone, brain, diaphragm, heart, liver, lymph nodes, mediastinum, meninges, peritoneum, pleura, retro-peritoneum, and/or spinal cord qualified as "metastatic" as secondary if the morphological type of neoplasm is classifiable to 1991:

Code I(a) as a secondary malignant neoplasm. Transitional cell carcinoma is a morphological type of neoplasm classifiable to 1991.

3 code two sites reported on the same line that are qualified as "metastatic" as secondary.

Examples

I(a) Abdominal carcinomatosis 1988
(b) Bronchial carcinomatosis 1970
(c) Metastatic mammary cancer 1749

I(a) Brain carcinoma 1983
(b) Metastatic osteogenic carcinoma of femur 1707

Code I(b) primary even though qualified as "metastatic" since osteogenic carcinoma is classified to one of the listed categories for morphological type of neoplasms.

I(a) Metastatic transitional 1976 1988
cell carcinoma
(b) of peritoneum and pelvis 1629
(c) Carcinoma of lung

I(a) Cancer of lung 1970
(b) Met. cancer of liver and lymph nodes 1977 1969
(c) Metastatic carcinoma of breast 1749
A. Coding Specific Categories - continued

2. Neoplasms (140-239) - continued

   a. Malignant neoplasms (140-208) - continued

      (4) Metastatic - continued

      Consider any other site qualified as metastatic as though no such qualification had been made and determine presumptive primary site by taking the order and/or durations into account.

      (g) Consider the following terms as synonymous with "metastasis to" when these terms follow or are reported as due to a malignant neoplasm classifiable to 140-195, 199, 2000-2038. "infiltration into" as secondary.

      extension
ingeneration
invasion
involvement
metastatic
secondary
spread

      I(a) Cancer of bladder with 1889 1981
      (b) infiltration into ureter

      Code cancer of bladder as primary and code the site following extension to 1991 1978

      I(a) Cancer with extension to esophagus


      (h) When malignancy NOS (1991) is reported with metastasis of a site on a line and is not "due to" another neoplasm, code 1991 and the secondary neoplasm.

      I(a) Malignancy with metastasis of bladder 1991 1981

      I(a) Ca. with extension to lung 1991 1970
CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

2. Neoplasms (140-239) - continued

a. Malignant neoplasms (140-208) - continued

(5) Multiple secondary sites, without primary site

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

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

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

(6) Primary site unknown

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

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

undetermined origin unknown origin
undetermined primary unknown primary
undetermined site unknown site
undetermined source unknown source
### Classification of Certain ICD Categories

**A. Coding Specific Categories - continued**

2. **Neoplasms (140-239) - continued**

  a. **Malignant neoplasms (140-208) - continued**

<table>
<thead>
<tr>
<th>(6) Primary site unknown - continued</th>
</tr>
</thead>
<tbody>
<tr>
<td>When the statement &quot;primary site unknown&quot; (or synonymous term) appears on the certificate with a site specific neoplasm or a neoplasm classifiable to 200-208, code the neoplasm as though the statement did not appear on the certificate. When this statement appears on the certificate with any other malignant neoplasm(s), code all reported sites as secondary. If the morphological type of neoplasm is classifiable to 1709, 1719, 1729, 1739, 1919, or 1929, add an additional code to identify the morphological type of neoplasm. Code the morphological type of neoplasm to the unspecified site category, i.e., .9. This additional code should be entered on the same line with and preceding the code for the first mentioned secondary site.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Year(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I(a) Reticulum cell sarcoma</td>
<td>2000</td>
<td></td>
</tr>
<tr>
<td>(b) Primary site unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I(a) Cancer of intestines,</td>
<td>1975 1978 1988</td>
<td></td>
</tr>
<tr>
<td>(b) stomach and abdomen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Primary site unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I(a) Sarcoma of abdomen</td>
<td>1719 1988</td>
<td></td>
</tr>
<tr>
<td>(b) ? source</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I(a) Carcinomatosis</td>
<td>1991 1990</td>
<td></td>
</tr>
<tr>
<td>(b) Cancer lung</td>
<td>1970</td>
<td></td>
</tr>
<tr>
<td>(c) Primary unknown</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When the statement "primary site unknown" (or synonymous term) appears on the certificate with a malignant neoplasm classifiable to 1990, code 1991 preceding the 1990.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Year(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I(a) Carcinomatosis</td>
<td>1991 1990</td>
<td></td>
</tr>
<tr>
<td>(b) Primary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Disseminated carcinoma</td>
<td>1991 1990</td>
<td></td>
</tr>
</tbody>
</table>
2. **Neoplasms (140-239)** - continued

a. **Malignant neoplasms (140-208)** - continued

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

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

I(a) Sarcomatosis 1990
(b) Sarcoma lower jaw bone 1701
I(a) Metastatic rhabdomyosarcoma 1991
(b) Rhabdomyosarcoma kidney 1890
I(a) Metastatic rhabdomyosarcoma 1991
II Rhabdomyosarcoma of shoulder 712

(8) **Imprecise descriptions of site**

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

2. Neoplasms (140-239) - continued
   a. Malignant neoplasms (140-208) - continued
      (8) Imprecise descriptions of site - continued

For morphological types classifiable to one of the categories 1709, 1719, 1729, 1739, 1919, or 1929, code to the appropriate subdivision of that category; otherwise, code to the appropriate subdivision of 195 (Other and ill-defined sites).

   I(a)  Adenocarcinoma of the rectosigmoid area
   (b)  the rectosigmoid area
   (c)  Code malignant neoplasm abdomen. Consider "rectosigmoid area" to be the abdominal area.
   (d)  Melanoma of thoracic area
   Code melanoma of the trunk. Consider "thoracic area" to be part of the trunk.

3. Rheumatic heart diseases

When rheumatic fever and a heart disease are jointly reported, enter a separate code for the rheumatic fever only when it is not used to qualify a heart disease as rheumatic.

   I(a)  Heart disease
   (b)  Rheumatic fever
   (c)  Respiratory failure
   (d)  Rheumatic fever

I(a)  Myocarditis
(b)  Rheumatic heart disease
A. **Coding Specific Categories** - continued

3. **Rheumatic heart diseases** - continued

   a. **Heart diseases considered to be described as rheumatic**

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

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

b. **Distinguishing between active and chronic rheumatic heart disease**

   Rheumatic heart diseases are classifiable to 3910-3919, Rheumatic fever with heart involvement, or to 393-398, Chronic rheumatic heart disease, depending upon whether the rheumatic process was active or inactive at the time of death. If rheumatic fever or any rheumatic heart disease is specified as rheumatic is reported anywhere on the death certificate, consider conditions listed in categories 4209, 4219, 4229, 423, 424, 4290-4293, 4298 and 4299 to be described as rheumatic unless there is indication they were due to a nonrheumatic cause.

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

   Cardiac arrest is not one of the conditions considered to be described as rheumatic when reported with rheumatic fever. Code each condition as indexed.

<table>
<thead>
<tr>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Cardiac tamponade 3910</td>
</tr>
<tr>
<td>(b) Rheumatic pericarditis 3910</td>
</tr>
<tr>
<td>(c) Consider &quot;cardiac tamponade&quot; to be described as &quot;rheumatic.&quot;</td>
</tr>
<tr>
<td>(a) Heart failure 3989</td>
</tr>
<tr>
<td>(b) Rheumatic fever</td>
</tr>
<tr>
<td>(a) Heart failure 4289</td>
</tr>
<tr>
<td>(b) Rheumatic heart disease 3989</td>
</tr>
<tr>
<td>(a) Cardiac arrest 4275</td>
</tr>
<tr>
<td>(b) Rheumatic fever -- years ago 390</td>
</tr>
</tbody>
</table>

   Cardiac arrest is not one of the conditions considered to be described as rheumatic when reported with rheumatic fever. Code each condition as indexed.
A. Coding Specific Categories - continued

3. Rheumatic heart diseases - continued

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

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

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

(1) The interval between onset of rheumatic fever and death was less than one year, or

(2) One or more of these heart diseases is stated to be acute or subacute, or

   (this does not mean rheumatic fever stated to be acute or subacute)

(3) One of these heart diseases is pericarditis, or

(4) At least one of these heart diseases is "carditis," "endocarditis" (any valve), "heart disease," "myocarditis," or "pancarditis" with a stated duration of less than one year, or
CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

3. **Rheumatic heart diseases** - continued

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

   (5) At least one of these heart diseases is "carditis," "endocarditis" (any valve), "heart disease," "myocarditis," or "pancarditis" without a duration and the age of the decedent was less than 15 years.

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

   c. **Aortic and Mitral Diseases**

<table>
<thead>
<tr>
<th>When</th>
<th>Is Reported</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Aortic and mitral&quot; disease</td>
<td>on same line</td>
<td>396</td>
</tr>
<tr>
<td>endocarditis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>insufficiency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>regurgitation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>stenosis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
   |                                   | on separate lines | separately (see pages 121-125)

*Do not apply this instruction when these conditions should be coded as nonrheumatic. See the following instruction.
A. Coding Specific Categories - continued

3. Rheumatic heart diseases - continued

c. Aortic and Mitral Diseases* - continued

Examples
I(a) Aortic and mitral 396  I(a) Aortic stenosis 3950
(b) insufficiency  (b) Mitral stenosis 3940
Code I(a) to disease of mitral and aortic valves NOS.  Code conditions on lines I(a), I(b), and I(c) separately as indexed.

d. Valvular diseases not indicated to be rheumatic

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

* Do not apply this instruction when these conditions should be coded as nonrheumatic. See the following instruction.
A. Coding Specific Categories - continued

3. Rheumatic heart diseases - continued

d. Valvular diseases not indicated to be rheumatic - continued

<table>
<thead>
<tr>
<th>Valvular heart disease</th>
<th>Due To</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>0129 (394-397) not stated to be rheumatic</td>
<td>0178-2231</td>
<td>4253</td>
</tr>
</tbody>
</table>
| 0340-0341 | 2239 | 4284-
| 0369 | 226-227 | 4290-
| 0399 | 2370-2374 | 4295 |
| 0420-0449 | 2384 | 440 |
| 0860-0869 | 242-258 | 441 |
| 090-097 | 274 | 446 |
| 0980 | 277 | 580-594 |
| 0988 | 2780 | 597-599 |
| 1128-1129 | 304 | 710 |
| 1398 | 3052-3059 | 745-747 |
| 1890-1891 | 401-404 | 7568 |
| 1899 | 412 | 7598 |
| 193-194 | 414 |
| 1980-1981 | 421 |

Examples

I(a) Mitral stenosis and aortic stenosis 4240 4241
(b) Hypertension 4019

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

I(a) Mitral insufficiency 4240
(b) Goodpasture's syndrome 4462 3989

Code I(a) to nonrheumatic mitral insufficiency since it is reported "due to" a nonrheumatic condition. Apply this instruction even though rheumatic heart disease is entered as the second entry on I(b).
CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

3. Rheumatic heart diseases - continued

d. Valvular diseases not indicated to be rheumatic - continued

When diseases of both the mitral and aortic valves, not qualified as rheumatic, are jointly reported, whether on the same line or on separate lines, code the disease of both valves as rheumatic unless there is indication to the contrary.

I(a) Mitral insufficiency 3941
(b) Aortic stenosis 3950

Code both valvular diseases as rheumatic since there is no indication to the contrary.

I(a) Aortic insufficiency 3951
(b) Mitral endocarditis with 3949 3941
(c) mitral insufficiency

Code the diseases of both valves as rheumatic since there is no indication to the contrary.

I(a) Mitral endocarditis c 3949 3941 3940
(b) insufficiency and stenosis
(c) Aortic Endocarditis 3959

Code the diseases of both valves as rheumatic since there is no indication to the contrary.

I(a) Mitral valve disease 3949 3941 4273
(b) with insufficiency and
(c) atrial fibrillation

II Aortic stenosis 3950

Code the diseases of both valves as rheumatic.
A. Coding Specific Categories – continued

3. Rheumatic heart diseases – continued

d. Valvular diseases not indicated to be rheumatic – continued

When mitral insufficiency, incompetence, or regurgitation is jointly reported with mitral stenosis NOS (or synonym), code all these conditions as rheumatic unless there are indications to the contrary.

Consider diseases of both valves to be non-rheumatic if they are reported on the same line due to a nonrheumatic cause in the list on page 122. Similarly, consider diseases of both valves to be nonrheumatic if the mitral disease is reported due to the aortic disease (or vice-versa) which, in turn, is reported due to a nonrheumatic cause in the list on page 122.

I(a) Pulmonary infarction 4151
(b) Valvular heart disease 3949 3940 3941
(c) (mitral) with stenosis and insufficiency

Code the mitral insufficiency as well as the mitral stenosis as rheumatic since there is no indication to the contrary.

Code the mitral stenosis as nonrheumatic since the certifier indicated it was due to a nonrheumatic cause.

Classify both valvular diseases as non-rheumatic. The mitral disease is reported due to the aortic disease which is, in turn, reported due to a nonrheumatic cause.

I(a) Congestive heart failure 4280
(b) Mitral stenosis 4240
(c) Arteriosclerosis 4409

Code the mitral stenosis as nonrheumatic since the certifier indicated it was due to a nonrheumatic cause.

I(a) Pericarditis 4239
(b) Mitral stenosis 3940

Although mitral stenosis is classified to a rheumatic category, do not use it to qualify the pericarditis as rheumatic.
CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

3. Rheumatic heart diseases - continued
   d. Valvular diseases not indicated to be rheumatic - continued

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

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

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

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

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

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

I(a) Cardiomyopathy 4259
   (b) Childbirth     3 months
           Code cardiomyopathy as secondary (4259).
A. Coding Specific Categories - continued

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

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

a. Pregnancy with abortive outcome (630-639)

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

Code all complications of abortion to the appropriate subcategory of 639, and also code 634-638 with the fourth digit. If a condition in 630-638 is reported with a complication classifiable to 639 and another condition that cannot be coded as a complication (e.g., syphilis, diabetes) is also reported, code the latter condition to the appropriate code outside Chapter XI.

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

Examples

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

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

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

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

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

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

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

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

Examples

Female, 17 years
I(a) Shock 6395
(b) Cystitis 6398
(c) Criminal abortion 6369
II /X/ Homicide 6369

Code "homicide" in the checkbox in Part II to criminal abortion.

b. Pregnancy or childbirth without mention of complication

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

Examples

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

Female, 28 years
I(a) Acute anemia 2859
(b) Massive postpartum hemorrhage 666
(c) Delivered liveborn 666

Do not enter a code on I(c) for delivery NOS.

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

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

Examples

Female, 28 years
I(a) Acute anemia 2859
(b) Massive postpartum hemorrhage 666
(c) Delivered liveborn 666

Do not enter a code on I(c) for delivery NOS.
A. Coding Specific Categories - continued

Examples

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

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

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

Female, 43 years
I(a) Myocardial thrombosis 1 hr 671
(b) Pregnancy 8 mos
II Obesity 2780
Code I(a) to 671, pregnancy complicated by thrombosis. Do not enter a code on I(b). Since both a direct and indirect cause are reported, code the obesity (indirect cause) 2780, the appropriate code outside Chapter XI.

Female, 19 years
I(a) Complicated delivery 669
(b) Rheumatic heart disease 3989
Code I(a) to 669, complicated delivery NOS.
Code the rheumatic heart disease to 3989 since a condition classifiable to a complication of pregnancy, childbirth, and puerperium is also reported.

Female, 38 years
I(a) Complicated delivery 669
(b) Placenta previa 641
Code "placenta previa" as indexed under "Delivery, complicated by."

Code "complicated delivery" NOS and "abnormal delivery" NOS to 669 when reported with or without specified complications.
A. Coding Specific Categories - continued

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

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

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

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

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

Examples

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

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

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

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

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

Female, 41 years
I(a) Pneumonia 486
(b) Cerebral hemorrhage 674
(c) Cesarean section delivery 669
Since both a direct and indirect obstetric cause are reported, code the indirect cause, pneumonia, to 486, the appropriate code outside Chapter XI. Code cerebral hemorrhage on I(b) as indexed under "puerperal."

Female, 20 years
I(a) Delivery by cesarean section 669

Female, 23 years
I(a) Pneumonia 48 hr 486
(b) Pulmonary embolism 3 days 673
II 669
Operation Block /C. Section/

Female, 26 years
I(a) Pulmonary embolism 673
(b) C. Section 669
II 669 660
Operation Block
/C. Section for breech presentation/
CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

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

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

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

Female, 33 years
I(a) Anemia 6482
(b) Leukemia 6489
(c) Pregnant -- 2 months

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

Female, 22 years
I(a) Cause unknown 7997
(b) Pregnancy - 7 months
II Gonorrhea 6471

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

Female, 39 years
I(a) Pneumonia 6489
(b) Influenza 6489
(c) Pregnancy

No direct obstetric cause is reported.
Code the indirect causes to the appropriate codes in Chapter XI.
A. **Coding Specific Categories** - continued

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

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

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

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

5. **Congenital conditions**

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

   - Female, 45 years
     - I(a) Patent ductus arteriosus-
       - acquired: 7470
     - (b) Pneumonia: 486

     **Code I(a) to 7470 since patent ductus arteriosus does not have an acquired code.**

   - Male, 33 years
     - I(a) Gastric hemorrhage: 5789
     - (b) Gastric ulcer - congenital: 5319

     **Code I(b) to 5319 since gastric ulcer does not have a congenital code.**
CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

5. Congenital conditions - continued

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

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

6. Conditions of early infancy (760-779)

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

---

Examples

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

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

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

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

A. Coding Specific Categories - continued

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

<table>
<thead>
<tr>
<th>Example</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male, 28 days</td>
<td></td>
</tr>
<tr>
<td>I(a) Heart failure</td>
<td>4289</td>
</tr>
<tr>
<td>(b) Pneumonia</td>
<td>486</td>
</tr>
<tr>
<td>Since the decedent is 28 days old, do not classify heart failure to the newborn code.</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

Premature labor or delivery NOS -------- 7651

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

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

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

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

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

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

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

7. Late effects

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

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

* See pages 226-228 for instructions for coding late effects of injuries and external causes.
A. Coding Specific Categories - continued

7. Late effects - continued

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

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

a. 1370-1374 Late effects of tuberculosis

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

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

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

*See pages 226-228 for instructions for coding late effects of injuries and external causes.
CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories – continued

7. Late effects – continued

   a. 1370-1374 Late effects of tuberculosis – continued

   (2) The tuberculosis is stated to be arrested, cured, healed, inactive, old, or quiescent, whether or not the residual (late) effect is specified, unless there is evidence of active tuberculosis.

   (3) When there is evidence of active tuberculosis of a site with inactive (arrested, cured, healed, old, quiescent) tuberculosis of a different site, code both.

   (4) When there is evidence of active and inactive (arrested, cured, healed, old, quiescent) tuberculosis of the same site, code active tuberculosis of the site only.

   b. 138 Late effects of acute poliomyelitis

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

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

   (2) A chronic condition or a condition with a duration of one year or more that was due to poliomyelitis is reported.

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

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

I(a) Old polio 138 Code old polio (138).
A. Coding Specific Categories - continued

7. Late effects - continued

b. 138 Late effects of acute poliomyelitis - continued

(3) The poliomyelitis is stated to be old or the interval between onset of the poliomyelitis and death is indicated to be one year or more whether or not the residual (late) effect is specified.

I(a) Poliomyelitis 138
(b) (c)

(4) The poliomyelitis is not stated to be acute or active and the interval between the onset of the poliomyelitis and death is not reported.

II Poliomyelitis 138

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

I(a) Paralysis 3449
(b) Polio 138
(c)

I(a) Poliomyelitis with paralysis
(b) 138 3449
(c)
A. Coding Specific Categories - continued

7. Late effects - continued

c. 1390 Late effects of viral encephalitis

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

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

(2) A chronic condition or a condition with a duration of one year or more that was due to the viral encephalitis is reported.

(3) The viral encephalitis is stated to be old or the interval between onset of the viral encephalitis and death is indicated to be one year or more whether or not the residual (late) effect is specified.

Examples

I(a) Late effects of viral encephalitis (1390), as indexed.

I(a) Chronic brain syndrome (3109)

I(a) Viral encephalitis (1390), since a resultant chronic condition is reported.

I(a) St. Louis encephalitis-1 yr (1390), since a duration of 1 year is reported.

I(a) Old viral encephalitis (1390), since it is stated “old.”
CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

7. Late effects - continued

c. 1390 Late effects of viral encephalitis - continued

(4) Brain damage, CNS damage, cerebral fungus, epilepsy, hydrocephalus, mental retardation, paralysis (342, 344) is reported due to the viral encephalitis.

1391 Late effects of trachoma

Use this subcategory for the classification of trachoma (conditions in 076) if:

(1) A condition that is stated to be a late effect or sequela of the trachoma is reported.
I(a) Late effects of trachoma 1391

(2) The trachoma is stated to be healed or inactive, whether or not the residual (late) effect is specified.
I(a) Healed trachoma 1391

(3) A chronic condition such as blindness, cicatricial entropion or conjunctival scar that was due to the trachoma is reported unless there is evidence of active infection.
I(a) Conjunctival scar 3726
I(b) Trachoma 1391
CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

7. **Late effects** - continued

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

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

   (1) A condition that is stated to be a late effect or sequela of the infectious or parasitic disease is reported

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

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

   (1) A chronic condition or a condition with a duration of one year or more that was due to the infectious or parasitic disease is reported

   (2) There is indication that the interval between onset of the infectious or parasitic disease and death was one year or more, whether or not the residual (late) effect is specified.

<table>
<thead>
<tr>
<th>Examples</th>
<th>I(a)</th>
<th>I(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purulent otitis media-1 yr.</td>
<td>3824</td>
<td></td>
</tr>
<tr>
<td>Chickenpox</td>
<td>1398</td>
<td></td>
</tr>
<tr>
<td>Chronic brain syndrome</td>
<td>3109</td>
<td></td>
</tr>
<tr>
<td>Meningococcal encephalitis</td>
<td>1398</td>
<td></td>
</tr>
</tbody>
</table>
CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

7. Late effects - continued

f. 2681 Late effects of rickets

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

(1) A condition that is stated to be a late effect or sequela of rickets is reported

(2) A chronic condition or a condition with a duration of one year or more is qualified as rachitic or that was due to rickets is reported.

(g. 326 Late effects of intracranial abscess or pyogenic infection

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

(1) A condition that is stated to be a late effect or sequela of the condition in 320-325 is reported

(2) A chronic condition or a condition with a duration of one year or more that was due to the condition in 320-325 is reported

(3) The condition in 320-325 is stated to be old or the interval between onset of this condition and death is indicated to be one year or more, whether or not the residual (late) effect is specified

Examples

I(a) Scoliosis - 3 years 7373
(b) Rickets 2681
CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

7. Late effects - continued

7. Late effects of intracranial abscess or pyogenic infection - continued

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

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

h. 438 Late effects of cerebrovascular disease

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

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

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

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

A. Coding Specific Categories - continued

7. Late effects - continued

h. 438 Late effects of cerebrovascular disease - continued

- I(a) Cerebrovascular accident - 18 mos
  Code late effects of cerebrovascular disease since the cerebrovascular accident has a duration of over one year.

- I(a) Old C. V. A. 438
  Code old C. V. A. (438), Late effects of cerebrovascular disease.

- I(a) Paralysis 3449
  - (b) Carotid artery stenosis 1 yr. 4331
  Do not code late effects of cerebrovascular disease. Stenosis is not one of the terms in 433 that is coded to late effects.

8. Old pneumonia, influenza, and maternal conditions

Do not code conditions classifiable to 480-487 when the duration is stated to be one year or more or a resultant chronic condition is reported. Do not code a maternal cause (630-676) when a resultant chronic condition is reported or when there is evidence that death occurred 43 days or more following termination of pregnancy. When one of these conditions is the only entry on the certificate, code 7999. Code a resultant condition reported as due to one of these conditions, but take

Female, 73 years
- I(a) Chronic bronchitis 4919
  - (b) Influenza
  Do not enter a code for influenza since the chronic bronchitis is reported due to the influenza.
CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories – continued

8. Old pneumonia, influenza, and maternal conditions

   the influenza, pneumonia, or maternal condition
   into account if it modifies the coding.

   Example

   Male, 65 years
   I(a) Respiratory arrest 7991
   (b) Pulmonary fibrosis 515
   (c) Pneumonia, bronchial – 3 yrs.
   Do not enter a code for the bronchial
   pneumonia since the duration was 3 years.

9. Ill-defined and unknown causes

   a. Sudden infant death syndrome

      7980 Sudden infant death syndrome
      Cot death
      Crib death
      SDII, SID, SIDS, SUD, SUDI, SUID
      Sleep apnea syndrome
      Sudden (unexpected) (unattended)
      (unexplained)
      death (cause unknown) (in
      infancy) (syndrome)
      I(a) Sudden death 7980

   Excludes: the listed conditions causing death at
cages one year or over (7981).

   Example

   Male, 3 weeks
   I(a) Sudden death, cause unknown 7980
   (b) 7997
   Female, 3 months
   I(a) SIDS, pneumonia 7980 486
A. Coding Specific Categories - continued

Examples

9. Ill-defined and unknown causes - continued

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

Code 7981, 7982, 7989, 7999 only when:

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

(2) The only other entry on the death certificate is classifiable to 7997 (cause unknown).

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

7981 Instantaneous death

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

Excludes: The listed conditions causing death at ages under one year (7980).
### Classification of Certain ICD Categories

**A. Coding Specific Categories**  

#### 9. Ill-defined and unknown causes  

**b. Other sudden death and other unspecified cause**  

(7981, 7982, 7989, 7999)  

- **Male, 3 years**  
  - I(a) Sudden death, cause unknown 7981  
  - I(b) 7997  

- **Female, 2 years**  
  - I(a) SIDS, pneumonia 486  
  - 7982 Death occurring in less than 24 hours from onset of symptoms, not otherwise explained.  
  - I(a) Died -- no sign of disease 7982  

- **7989 Unattended death**  
  - I(a) Found dead 7989  
  - I(b) Investigation -- pending 7989  

- **7999 Other unspecified cause**  
  - I(a) DOA 7999  
  - I(b) Cause unknown 7997  

**Includes:**  
- Bone(s) found  
- Dead on arrival (DOA)  
- Diagnosis deferred  
- Died without doctor in attendance  
- Inquest pending  
- Natural cause(s)  
- No doctor  

- I(a) No doctor 7999  
- I(b) Pending investigation 7999  
- I(a) Cause unknown 7997  
- I(b) Pending pathological examination 7999
CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

9. Ill-defined and unknown causes - continued

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

7999 Other unspecified cause - continued

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

Excludes: Unknown cause (7997)

c. Unknown cause

*7997 Unknown cause

<table>
<thead>
<tr>
<th>Includes:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cause unknown</td>
<td>Not known</td>
</tr>
<tr>
<td>Cause undetermined</td>
<td>Uncertain</td>
</tr>
<tr>
<td>Etiology unknown</td>
<td>? Cause</td>
</tr>
<tr>
<td>Etiology undetermined</td>
<td>? Etiology</td>
</tr>
<tr>
<td>Undetermined</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

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

I(a) G. I. hemorrhage 5789
(b) Cause unknown 7997
(c) Carcinomatosis 1990

I(a) Intestinal obstruction 5609
(b) Unknown, possibly cancer 1991

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

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

#### 9. Ill-defined and unknown causes - continued

- **c. Unknown cause - continued**

  *7997 Unknown cause - continued*

  - **I(a)** SIDS, cause unknown
  - **(b)** 7997

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

  - **I(a)** Natural causes, cause unknown
  - **(b)** 7997

  - **I(a)** Unknown cause
  - **(b)** Found dead
  - **(c)** 7997

  - **I(a)** Unknown
  - **(b)** Known to had ASHD
  - **(c)** and chronic bronchitis

  - **I(a)** Gastric ulcer, cause unknown
  - **(b)** Rheumatoid arthritis
  - **(c)** 7997
EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

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

A. Differentiating between nature of injury and E Codes

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

<table>
<thead>
<tr>
<th>Nature of injury codes</th>
<th>Place</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>800 - 897 = (00 - (97</td>
<td>(a) Fracture hip</td>
<td>(20 9 &amp;888</td>
</tr>
<tr>
<td>900 - 9999 = )00 - )999</td>
<td>(b) Fall</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(c)</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Three-digit level</th>
<th>Four -digit level</th>
</tr>
</thead>
<tbody>
<tr>
<td>(00 - 03)</td>
<td>05 - 09</td>
</tr>
<tr>
<td>(05 - 04)</td>
<td>40 - 45</td>
</tr>
<tr>
<td>00 - 39</td>
<td>47 - 49</td>
</tr>
<tr>
<td>50 - 57</td>
<td>58 - 99</td>
</tr>
</tbody>
</table>

Three-digit codes will be invalid when a fourth digit is used and four -digit codes will be invalid when only three digits are used.
C. **E Code concept**

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

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

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

C. E Code concept - continued

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

1. Use of Index

ICD-9 provides separate indexing in Volume 2, Section II, pages 535-577 for frequent references to Volume 1. Also, Code the injuries as reported in Part I. Locate in the external causes of injury, there the code for "auto collision" by referring to a double axis of indexing - Volume 2, page 543 under "Collision, motor vehicle."

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

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

E8903. Locate the E Code for "stove exploded, setting house on fire" by referring to Volume 2, page 551 under "Explosion, secondary fire resulting from - see Fire." Refer to Volume 2, page 554 under "Fire, private dwelling" and code
to Volume 1, Supplementary Classification of External Causes of Injury and Poisoning for correct code.
EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

C. E Code concept – continued

2. Use of Tabular List

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

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

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

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

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

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

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

Enter a code for an entry in a checkbox for "Natural Cause" only if this is the only codable entry on the certificate or the only other codable entry is "unknown cause" (7997).
C.  **E Code concept** - continued

4. **Nature of injury and E Code lists**

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

<table>
<thead>
<tr>
<th>Nature of Injury Code Only</th>
<th>E Code Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anoxia</td>
<td>Abandonment</td>
</tr>
<tr>
<td>Burns</td>
<td>Mucus plug</td>
</tr>
<tr>
<td>Crushed</td>
<td>Multiple injuries</td>
</tr>
<tr>
<td>Decapitation</td>
<td>Penetrating wound</td>
</tr>
<tr>
<td>Exhaustion</td>
<td>Starvation</td>
</tr>
<tr>
<td>Fracture</td>
<td>Trauma NOS (any site)</td>
</tr>
<tr>
<td>Injury NOS (any site)</td>
<td>Traumatic injury</td>
</tr>
<tr>
<td></td>
<td>Blunt impact NOS</td>
</tr>
<tr>
<td></td>
<td>Bullet (discharged)(fired)</td>
</tr>
<tr>
<td></td>
<td>Conflagration</td>
</tr>
<tr>
<td></td>
<td>Desertion</td>
</tr>
<tr>
<td></td>
<td>Explosion</td>
</tr>
<tr>
<td></td>
<td>Fall</td>
</tr>
<tr>
<td></td>
<td>Fight</td>
</tr>
<tr>
<td></td>
<td>Fire</td>
</tr>
<tr>
<td></td>
<td>Flood</td>
</tr>
<tr>
<td></td>
<td>Foreign body</td>
</tr>
</tbody>
</table>
C. E Code concept - continued

4. Nature of injury and E code lists - continued

<table>
<thead>
<tr>
<th>One-Term Entities Requiring Nature of Injury and E Codes on the Same Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airway obstruction by foreign body</td>
</tr>
<tr>
<td>* Asphyxia</td>
</tr>
<tr>
<td>* Aspiration</td>
</tr>
<tr>
<td>Battered child (syndrome)</td>
</tr>
<tr>
<td>Bite</td>
</tr>
<tr>
<td>Blunt force injury (any site)</td>
</tr>
<tr>
<td>Blunt force to a site (any)</td>
</tr>
<tr>
<td>Blunt impact to a site (any)</td>
</tr>
<tr>
<td>Blunt injury (any site)</td>
</tr>
<tr>
<td>Blunt trauma (any site)</td>
</tr>
<tr>
<td>Bullet wound</td>
</tr>
<tr>
<td>Child abuse</td>
</tr>
<tr>
<td>Child neglect</td>
</tr>
<tr>
<td>Choking on foreign body</td>
</tr>
<tr>
<td>Crushed by specified object</td>
</tr>
<tr>
<td>Cut</td>
</tr>
<tr>
<td>Drowning</td>
</tr>
<tr>
<td>Electrocution</td>
</tr>
<tr>
<td>Electrical burns</td>
</tr>
<tr>
<td>Electrical shock</td>
</tr>
<tr>
<td>Exposure (to element) (cold, heat)</td>
</tr>
<tr>
<td>Foreign body in any site</td>
</tr>
<tr>
<td>Freezing, froze, frostbite</td>
</tr>
<tr>
<td>Gunshot wound</td>
</tr>
</tbody>
</table>

(* This does not apply when certain localized effects results from asphyxia, aspiration, or inhalation. See pages 176 to 177.)
D. Placement of nature of injury and E Codes

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

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

Examples

I(a) Gunshot wound of chest  (75 &9229  
(b)  
(c)  Accident

Since "gunshot wound" requires a nature of injury code for open wound of chest followed by the most specific E Code for gunshot, accidental.

Place I(a) Laceration of throat (74  
9  (b)  Dog bite of shoulder, (80 &9060 (84 (74  
(c)  arm and neck

Code the nature of injury code only for I(a). On I(b), code the nature of injury code for "bite of shoulder" followed by the E Code for dog bite followed by the remaining nature of injury codes for "bite arm and neck."

I(a) Fracture skull (03  
(b)  Car overturned, crushed (62 &8160 (68  
(c)  chest and abdomen

II Lost control of car - driver

Line I(a) requires a nature of injury code only. Line I(b) requires both nature of injury and E Codes since the external cause and injuries are reported on this line.

Place I(a) Renal failure 586  
0  (b)  Injury kidney, liver and spleen. Fell from ladder at home (66 &8810 (64 (65  
(c)  

Code I(b) injury kidney followed by E Code for the fall, followed by the remaining injuries.

Place I(a) Cerebral laceration & contusion 51  
9  (b)  Blow to right temporal area &9289

Code I(a) to the nature of injury code only, and I(b) to the E Code only.
D. Placement of nature of injury and E codes - continued

Examples

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

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

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

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

I(a)  Hemothorax  (60
     (b)  Crushed chest  (62
     (c)  Broken ribs  (07
     II  Fracture hips and both arms 419 &8850 auto acci.  28d /Hit tree - driver/

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

Examples

Use an ampersand to identify the following:

1. The most specific E Code causing injuries or poisoning,
   I(a) Internal chest injuries (62)
   (b) Auto accident &8199

2. The underlying condition that necessitated the medical or surgical care when there was a complication or adverse effect of the medical or surgical care,

3. The adverse effect or complication of medical or surgical care when classifiable to Chapters I-XVI and the underlying condition that necessitated the medical or surgical care is not stated or implied,

4. A misadventure occurring during medical or surgical care when classifiable to Chapters I-XVI, whether or not the underlying condition that necessitated the medical or surgical care is reported, and

5. Certain localized effects of poisonous substances (E860-E869) or aspiration (E911-E912) when classifiable to Chapters I-XVI.

In determining the most specific E Code, take into account all of the information reported on the record. If two or more external causes are reported and the nature of the injuries and/or the order in which the conditions are reported indicates that one of the external causes led to the condition that terminated in death, precede the code for this external cause by an ampersand. If no determination can be made, precede the code for the first mentioned external cause with an ampersand.
F. Certifications with mention of nature of injury and without mention of external cause

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

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

<table>
<thead>
<tr>
<th>Place</th>
<th>I(a) Crushed chest (62 9 II $9289</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>E9289, crushed (accidentally).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place</th>
<th>I(a) Fracture of hip and arm (20 (18 9 II $887</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>E887, fracture NOS.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place</th>
<th>I(a) Penetrating wound of abdomen (79 (75 9 II $9289</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>E9289, accident, unspecified.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place</th>
<th>I(a) Multiple injuries abdomen and pelvis (68 )591</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>E9289, accident, unspecified.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place</th>
<th>I(a) Brain injury (54 9 II $887</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>E887, fracture NOS (E887).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place</th>
<th>I(a) Puncture of lung (61 $887</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>E887, fracture NOS (E887).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place</th>
<th>I(a) Fracture of hip (20 (29 9 II $9289</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>E9289, crushed (E9289).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place</th>
<th>I(a) Internal injuries and (69 (03 9 II $9289</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>fracture of skull E9289, accident, unspecified (E9289).</td>
</tr>
</tbody>
</table>
F. **Certifications with mention of nature of injury and without mention of external cause - continued**

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

**Example**

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

G. **Place of occurrence of accidents**

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

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

<table>
<thead>
<tr>
<th>Place</th>
<th>I(a)</th>
<th>Cerebral hemorrhage (53 9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(b)</td>
<td>Self-inflicted gunshot wound (73 69229)</td>
</tr>
<tr>
<td></td>
<td>(c)</td>
<td>to head</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place</th>
<th>I(a)</th>
<th>Emphysema (587 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(b)</td>
<td>Fracture ribs (07 6887)</td>
</tr>
</tbody>
</table>

EXCEPTIONS:

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

<table>
<thead>
<tr>
<th>Place</th>
<th>I(a)</th>
<th>Internal injuries (69)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(b)</td>
<td>Auto accident (68199)</td>
</tr>
</tbody>
</table>

Do not code the meningitis as traumatic since it is not reported due to or on the same line with an injury or external cause.
H. Conditions qualified as traumatic - continued

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

---

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

When a condition that does not indicate a specific site is stated to be traumatic but there is no provision in the classification for coding the condition as traumatic, code trauma unspecified and the condition separately.
### EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

#### H. Conditions qualified as traumatic - continued

<table>
<thead>
<tr>
<th>Place I</th>
<th>(a) Cardiac arrest</th>
<th>4275</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>(b) Shot in head</td>
<td>73 &amp; 9229</td>
</tr>
</tbody>
</table>

**Examples**

<table>
<thead>
<tr>
<th>Place I</th>
<th>(a) Respiratory failure</th>
<th>7991</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>(b) Fire</td>
<td>490 &amp; 899</td>
</tr>
</tbody>
</table>

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

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

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

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

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

- I(a) Auto collided c bridge 8159
EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

I. Coding specific categories

1. **Traumatic Hemorrhage** (69, 599)

<table>
<thead>
<tr>
<th>Code</th>
<th>Due to or on same line with</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal hemorrhage NOS injury (any site)</td>
<td>the hemorrhage to (69, internal injury NOS)</td>
<td></td>
</tr>
<tr>
<td>Due to Hemorrhage NOS injury of a specified site</td>
<td>the hemorrhage to injury of the specified site</td>
<td></td>
</tr>
<tr>
<td>injury NOS or multiple injuries NOS</td>
<td>the hemorrhage to )599</td>
<td></td>
</tr>
<tr>
<td>injury of multiple specified sites</td>
<td>the hemorrhage to injury of the first mentioned specified site</td>
<td></td>
</tr>
<tr>
<td>internal injury NOS or internal injuries NOS</td>
<td>the hemorrhage to (69</td>
<td></td>
</tr>
<tr>
<td>On same line with</td>
<td></td>
<td></td>
</tr>
<tr>
<td>injury of site</td>
<td></td>
<td></td>
</tr>
<tr>
<td>injury of multiple specified sites</td>
<td>the hemorrhage to )599</td>
<td></td>
</tr>
<tr>
<td>internal injury NOS or internal injuries NOS</td>
<td>the hemorrhage to (69</td>
<td></td>
</tr>
<tr>
<td>Due to and on same line with injuries of different specified sites</td>
<td>the hemorrhage to the site of the injury that is entered on the line with the hemorrhage</td>
<td></td>
</tr>
</tbody>
</table>
I. Coding specific categories - continued

1. Traumatic Hemorrhage (69,599) - continued

**Examples**

<table>
<thead>
<tr>
<th>Place</th>
<th>I(a) Hemorrhage 599</th>
<th>Place</th>
<th>I(a) Laceration of liver, lung, (64, 61) 599</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>(b) Fracture of femur 21</td>
<td>9</td>
<td>(b) &amp; spleen with hemorrhage</td>
</tr>
<tr>
<td></td>
<td>(c)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>II &amp;887</td>
<td></td>
<td>Fracture rt. femur (21 &amp;9289</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place</th>
<th>I(a) Hemorrhage 599</th>
<th>Place</th>
<th>I(a) Cerebral contusions with 51 (53</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>(b) Multiple injuries 598</td>
<td>9</td>
<td>hemorrhage</td>
</tr>
<tr>
<td></td>
<td>(c)</td>
<td></td>
<td>(b) Injury of chest, lung, (62, 61) 591</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>back &amp;9289</td>
</tr>
<tr>
<td></td>
<td>II &amp;9289</td>
<td></td>
<td>&amp;9289</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place</th>
<th>I(a) Internal hemorrhage (69</th>
<th>Place</th>
<th>I(a) Hemorrhage (62</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>(b) Crushed thorax (62</td>
<td>9</td>
<td>(b) Injury of chest, lungs, and (62, 61) 07</td>
</tr>
<tr>
<td></td>
<td>(c)</td>
<td></td>
<td>(c) fractured ribs</td>
</tr>
<tr>
<td></td>
<td>II &amp;9289</td>
<td></td>
<td>&amp;9289</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place</th>
<th>I(a) Hemorrhage (62</th>
<th>Place</th>
<th>I(a) Contusion chest with 22 (62</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>(b) Laceration of chest (75</td>
<td>9</td>
<td>(b) hemorrhage</td>
</tr>
<tr>
<td></td>
<td>(c)</td>
<td></td>
<td>(c)</td>
</tr>
<tr>
<td></td>
<td>II &amp;9289</td>
<td></td>
<td>&amp;9289</td>
</tr>
</tbody>
</table>
EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

I. Coding specific categories - continued

2. Multiple Injuries ( )598 )

Followed by

<table>
<thead>
<tr>
<th>Multiple injuries specified type(s) of injuries</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>specified site(s) injury by site only</td>
<td></td>
</tr>
</tbody>
</table>

Reported on same line with

Single site multiple types of injuries the specified types of injuries of the reported site

Examples

Place

I(a) Multiple injuries with ( )598 (03 (51
9 (b) fracture skull and
(c) laceration brain

II §9289

Place

I(a) Multiple injuries - head, (54 )590 (62
9 neck, chest

II §9289

I(a) Fracture, laceration and contusion (27 (91 )24
(b) of leg
(c) Auto accident §8199
## EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

### I. Coding specific categories - continued

#### 3. Burns with or without specified external cause

<table>
<thead>
<tr>
<th>External cause</th>
<th>Code where reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burns</td>
<td></td>
</tr>
<tr>
<td>Auto accident NOS</td>
<td>nature of injury code(s) and 68199</td>
</tr>
<tr>
<td>Sustained in building or structure (home) without mention of fire</td>
<td>nature of injury code(s) and 6899</td>
</tr>
<tr>
<td>Conflagration NOS, major fire NOS</td>
<td>nature of injury code(s) and 6892</td>
</tr>
<tr>
<td>building or structure (home)</td>
<td>nature of injury code(s) and 68903 or 68913</td>
</tr>
<tr>
<td>Explosion</td>
<td>nature of injury code(s) and 69230-9239 (See also Volumes 1 and 2)</td>
</tr>
<tr>
<td>in hot water</td>
<td>nature of injury code(s) and 69240</td>
</tr>
<tr>
<td>in tub</td>
<td></td>
</tr>
<tr>
<td>on iron</td>
<td>nature of injury code(s) and 69248</td>
</tr>
<tr>
<td>on coffee pot</td>
<td></td>
</tr>
<tr>
<td>on stoves (electric) (gas)</td>
<td>nature of injury code(s) and 6895</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>With</td>
<td>Code</td>
</tr>
<tr>
<td>Burns</td>
<td></td>
</tr>
<tr>
<td>No indication of external cause</td>
<td>nature of injury code(s) where reported and 6899 as the last entry in Part II</td>
</tr>
<tr>
<td>Accident box checked</td>
<td>nature of injury code(s) where reported with 6899 as the last entry in Part II</td>
</tr>
</tbody>
</table>
I. Coding specific categories - continued

Examples

4. Transport accidents (E800-E848)

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

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

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

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

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

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

I(a) Drowning 941 8329
(b) Boat accident
(c) Accident

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

I(a) Fractured ribs 07
(b) Multiple abdominal injuries 68
II Accident. Farm. Fell from horse. 8282
Refer to E Code Index for description of the accident, "Fall from horse" (E828); then refer to Volume 1 for fourth digit.
EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

I. Coding specific categories - continued

4. Transport accidents (E800-E848) - continued

a. Motor vehicle traffic accidents

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

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

Examples

I(a) Laceration lung, burns (61)430)450
(b) of arms and legs
(c) Accident &8150
II
/X/Accident - Truck struck bridge - Driver
When a motor vehicle strikes another vehicle or object, code as a collision on the highway unless otherwise indicated. Refer to "Collision, motor vehicle and object" (E815).

I(a) Fractured skull (03
(b) Multiple severe injuries (69 &8211
II
/X/Accident - Dune buggy overturned - passenger
Place - farm
Code as nontraffic off-road motor vehicle accident.

I(a) Drowning (941 &8169
(b)
II
/X/Accident - Snowmobile carrying food overturned, went into pond.
Consider "snowmobile carrying food" as being used for transport; code to motor vehicle traffic accident.
I. Coding specific categories - continued

4. Transport accidents (E800-E848) - continued

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

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

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

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

Examples

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

Assume the accident involved a military aircraft.

Assume the decedent was a passenger on a commercial aircraft.


Assume the decedent was a passenger on a commercial aircraft.
EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

I. Coding specific categories - continued

5. Conflagration in E890-E891

If two or more of the fourth digits in Place I(a) Cardiac arrest 4275 E890-E891 are applicable, code the fourth digit for the injury that terminated in death. If no determination can be made, code the fourth digit that relates to the first mentioned injury.

Examples

- (b) 50% burns & smoke inhalation 485 &8903 878
- (c) /acc./ Burns and smoke inhalation 490 878 due to house fire

6. Natural and environmental factors

a. Lightning

Code E907 only when the decedent is Place I(a) Shock 940 injured from direct contact with lightning. Place I(a) Burns 490

Code injuries, such as stroke or shock, due to direct contact with lightning to 9940. When a secondary fire results from lightning, code to the fire. Do not enter a code for lightning.

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

b. Exposure

When exposure NOS is reported due to Place I(a) Exposure 919 &9019 exposure to) cold or heat, qualify the nature of injury for the exposure.

Examples

- (b) Exposure to cold 919 &9019 9
- (c) Heat 929 &9009

Place I(a) Exposure to cold 919 &9019 9 II Died from exposure 949
EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

I. Coding specific categories - continued

7. Gunshot injury, gunshot wound

<table>
<thead>
<tr>
<th>When</th>
<th>Is reported due to or with</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bullet injury</td>
<td>&quot;playing with gun&quot; NOS or &quot;cleaning gun&quot; NOS</td>
<td>nature of injury code to open wound (79) and E922 with appropriate fourth digit (assume accident)</td>
</tr>
<tr>
<td>gunshot wound (open)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gunshot injury</td>
<td>&quot;playing Russian roulette&quot; (whether or not stated suicide)</td>
<td>nature of injury code to open wound and code E9220 (assume accident and handgun)</td>
</tr>
<tr>
<td>gunshot wound (open)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>When</th>
<th>Is reported due to</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury NOS</td>
<td>bullet</td>
<td>nature of injury code to open wound (79) on upper line and appropriate E Code in &quot;due to&quot; position</td>
</tr>
<tr>
<td>Gunshot wound</td>
<td>gun</td>
<td></td>
</tr>
<tr>
<td></td>
<td>pistol</td>
<td></td>
</tr>
<tr>
<td></td>
<td>rifle</td>
<td></td>
</tr>
</tbody>
</table>

Examples

<table>
<thead>
<tr>
<th>Place</th>
<th>I(a)</th>
<th>Injury</th>
<th>(79)</th>
<th>Place</th>
<th>I(a)</th>
<th>Gunshot injury</th>
<th>chest</th>
<th>(75 &amp;9229 (61</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>(b)</td>
<td>Rifle shot</td>
<td>&amp;9222</td>
<td>9</td>
<td>(b)</td>
<td>and lung</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Consider "rifle" as hunting rifle unless indicated otherwise.

<table>
<thead>
<tr>
<th>Place</th>
<th>I(a)</th>
<th>Gunshot wound</th>
<th>chest</th>
<th>(75 &amp;9229</th>
<th>Place</th>
<th>I(a)</th>
<th>Gunshot</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>(b)</td>
<td>Self-inflicted</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Accident</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place</th>
<th>I(a)</th>
<th>Gunshot wound</th>
<th>(79 &amp;9229</th>
<th>Place</th>
<th>I(a)</th>
<th>Bullet entering chest &amp;</th>
<th>(75 &amp;9229 (76</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>(b)</td>
<td>Cleaning gun</td>
<td></td>
<td></td>
<td></td>
<td>exiting back</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place</th>
<th>I(a)</th>
<th>Open wound heart</th>
<th>(61</th>
<th>Place</th>
<th>I(a)</th>
<th>Gunshot wound femur</th>
<th>(90 &amp;9229 (9229</th>
<th>Code</th>
<th>gunshot wound of bone to open wound of site of the bone.</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>(b)</td>
<td>Pistol</td>
<td>&amp;9220</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I. Coding specific categories - continued

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

1. The certifier specifies abuse, beating, battering, or other maltreatment, even if homicide is not specified.
   Male, 3 years
   I(a) Traumatic head injuries (54)
   I(b) Subdural hematoma (52)
   I(c) Old and recent contusions (32)

2. The certifier specifies homicide and injury or injuries with indication of more than one episode of injury, i.e., current injury coupled with old or healed injury consistent with a history of child abuse.
   Male, 1-1/2 years
   I(a) Anoxic encephalopathy (3481)
   I(b) Subdural hematoma (52)
   I(c) Old and recent contusions (32)

3. The certifier specifies homicide and multiple injuries consistent with an assumption of beating or battering, assault by a peer, intruder, or by someone unknown to the child cannot be reasonably inferred from the reported information.
   Female, 1 year
   I(a) Massive internal bleeding (69)
   I(b) Multiple internal injuries (69)
   I(c) Stabbed with kitchen knife by mother (79)

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

II Injury occurred by child being struck
Female, 1 year
I(a) Hypovolemic shock (584)
I(b) Perforating laceration of L. ventricle of heart (61)
I(c) Multiple stab wounds ant. and chest (75 & 966)

Home Stabbed with kitchen knife by mother
J. Guides for differentiating between effects of external causes classifiable to Chapters I-XVI and Chapter XVII

Categories in Chapters I-XVI and in Chapter XVII are mutually exclusive. Where provision has been made for coding an effect of an external cause to Chapters I-XVI, do not use a nature of injury code.

The effects of external causes that are classifiable to Chapters I-XVI are primarily those that are attributable to drugs, medicaments and other biological substances properly administered in the correct dosage for therapeutic or other medical care purposes and to other forms of medical care, e.g., surgery and radiation. A limited number of conditions attributable to other external causes, e.g., certain localized effects of fumes, vapors and nonmedicinal chemical substances and respiratory conditions attributable to aspiration of foreign substances, also are classified to Chapters I-XVI. (See page 160 for use of ampersand.)

It is intended that categories in the main body of the classification be used to identify the complications and other specified adverse effects of drugs, medicaments and other biological substances properly administered in correct dosage and that the substances be identified by the use of supplementary E Codes. For this reason only those effects that cannot be coded to a category in Chapters I-XVI, e.g., allergy NOS, anaphylactic shock, idiosyncratic reaction and reaction (adverse) NOS, are classified to the nature of injury chapter.

Examples

I(a) Pneumonia &5070
(b) Aspiration of vomitus 911
Code pneumonia, aspiration due to vomitus(5070). Code "aspiration of vomitus" as an E Code only.

I(a) Pneumonia &5070
(b) Aspiration 912
(c) Cancer of lung 1629
Code pneumonia aspiration (5070). Code I(b) "aspiration" as an E Code only.

I(a) Pneumonia &5070
(b) Asphyxia 912
(c) Aspiration
Code pneumonia aspiration (5070). Code I(b) E Code only.

I(a) Acute bronchitis &5088
(b) Radiation therapy 8792
Code bronchitis, acute, due to radiation (5088). Code I(b) E Code only.

I(a) Pneumonia &5060
(b) Smoke inhalation 8902
II House fire
Code pneumonia, due to fumes or vapors (5060). Code I(b) E Code only.

I(a) Acute pulmonary edema &5061
(b) Inhaled gasoline fumes 8621
Code edema, pulmonary, acute due to fumes or vapors (5061). Code I(b) E Code only.
J. Guides for differentiating between effects of external causes classifiable to Chapters I-XVI and Chapter XVII - continued

The intent is the same for effects of radiation, whether or not administered for medical care purposes. Therefore, only those effects of radiation that cannot be coded to Chapters I-XVI, e.g., burns, sickness and reaction (adverse) NOS, are classified to Chapter XVII.

To determine whether conditions that are indicated to be due to external causes, other than drugs, medicaments and other biological substances properly administered in correct dosage and radiation, are classifiable to Chapters I-XVI or to Chapter XVII, look up the stated condition in the alphabetical index and scan the listings under this condition for qualifying terms that relate to the reported external cause. For example, to determine whether pneumonia due to aspiration of vomitus should be coded to Chapter VIII or to Chapter XVII, look up "Pneumonia, aspiration, due to, food (regurgitated), milk, vomit." This determination cannot be made by looking up "Aspiration." Where there is provision in the index for coding a condition due to an external cause to Chapters I-XVI, take the external cause into account if it modifies the coding.

<table>
<thead>
<tr>
<th>Place</th>
<th>I(a) Pneumonia</th>
<th>486</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>(b) Cardiac arrest</td>
<td>4275</td>
</tr>
<tr>
<td></td>
<td>(c) Aspiration of vomitus</td>
<td>33 &amp; 911</td>
</tr>
</tbody>
</table>

Code each entity as indexed.
1. **Asphyxia, aspiration, strangulation, suffocation**

<table>
<thead>
<tr>
<th>Due to</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asphyxia</td>
<td>aspiration of food or vomitus upper line</td>
</tr>
<tr>
<td>Aspiration</td>
<td></td>
</tr>
<tr>
<td>carbon monoxide</td>
<td>upper line</td>
</tr>
<tr>
<td></td>
<td>lower line</td>
</tr>
<tr>
<td>drowning</td>
<td>upper line</td>
</tr>
<tr>
<td></td>
<td>with appropriate fourth digit lower line</td>
</tr>
<tr>
<td>smoke (inhalation)</td>
<td>upper line</td>
</tr>
<tr>
<td></td>
<td>lower line</td>
</tr>
<tr>
<td>strangulation (manual)</td>
<td>upper line</td>
</tr>
<tr>
<td></td>
<td>lower line</td>
</tr>
<tr>
<td>vomiting</td>
<td>upper line</td>
</tr>
<tr>
<td></td>
<td>lower line</td>
</tr>
<tr>
<td>vomitus</td>
<td>upper line</td>
</tr>
<tr>
<td></td>
<td>lower line blank</td>
</tr>
</tbody>
</table>
1. **Asphyxia, aspiration, strangulation, suffocation** - continued

<table>
<thead>
<tr>
<th>Due to</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asphyxia disease condition</td>
<td>upper line 7990  ( \rightarrow ) lower line to the disease</td>
</tr>
<tr>
<td>Suffocation poisoning (drugs)</td>
<td>upper line 7990  ( \rightarrow ) lower line nature of injury and E Code for substance</td>
</tr>
<tr>
<td></td>
<td>crushed chest  ( \rightarrow ) upper line (62 and specified E Code) ( \rightarrow ) lower line (62)</td>
</tr>
<tr>
<td>Aspiration NOS disease condition</td>
<td>upper line )33 &amp;912  ( \rightarrow ) lower line to the disease</td>
</tr>
<tr>
<td>Strangulation NOS poisoning (drugs)</td>
<td>upper line )33 912  ( \rightarrow ) lower line nature of injury and E Code for substance</td>
</tr>
<tr>
<td>Due to or with fire or burns</td>
<td>code )49 with appropriate fourth digit and most specific E Code</td>
</tr>
</tbody>
</table>
EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

J. Guides for differentiating between effects of external causes classifiable to Chapters I-XVI and Chapter XVII - continued

1. Asphyxia, aspiration, strangulation, suffocation - continued

<table>
<thead>
<tr>
<th>By (of)</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asphyxia</td>
<td>foreign body</td>
</tr>
<tr>
<td>Aspiration</td>
<td>code foreign body entering the specified site (nature of injury and E Code). If no site is mentioned, code )33 and appropriate E Code (E911 or E912)</td>
</tr>
<tr>
<td>Choked, choking</td>
<td></td>
</tr>
<tr>
<td>Obstruction of a site</td>
<td></td>
</tr>
<tr>
<td>Occlusion of a site</td>
<td></td>
</tr>
<tr>
<td>Strangulation</td>
<td></td>
</tr>
<tr>
<td>Suffocation</td>
<td>Due to foreign body in any site code same nature of injury code for foreign body on both lines and E Code for foreign body on upper line</td>
</tr>
<tr>
<td>Suffocation</td>
<td>Due to foreign body without mention of site code nature of injury and E Code for foreign body on upper line. Leave lower line blank.</td>
</tr>
</tbody>
</table>

Examples

<table>
<thead>
<tr>
<th>Place</th>
<th>I(a)</th>
<th>Aspiration</th>
<th>)33 &amp;911</th>
<th>I(a)</th>
<th>Asphyxia</th>
<th>7990</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>(b)</td>
<td>Vomitus</td>
<td>)33 &amp;911</td>
<td>(b)</td>
<td>Pneumonia</td>
<td>486</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place</th>
<th>I(a)</th>
<th>Aspiration</th>
<th>)33 &amp;912</th>
<th>Place</th>
<th>I(a)</th>
<th>Suffocated</th>
<th>)33 &amp;911</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>(b)</td>
<td>Cancer of stomach</td>
<td>1519</td>
<td>9</td>
<td>(b)</td>
<td>Bolus of meat</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place</th>
<th>I(a)</th>
<th>Aspiration of vomitus</th>
<th>)33 &amp;911</th>
<th>Place</th>
<th>I(a)</th>
<th>Choked by chicken bone</th>
<th>)33 &amp;911</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>(b)</td>
<td>Cancer of stomach</td>
<td>1519</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place</th>
<th>I(a)</th>
<th>Asphyxia</th>
<th>)33 &amp;911</th>
<th>Place</th>
<th>I(a)</th>
<th>Strangulation</th>
<th>)34 &amp;911</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>(b)</td>
<td>Vomiting</td>
<td>7870</td>
<td>9</td>
<td>(b)</td>
<td>Pulmonary aspiration-(peanut)</td>
<td>)34</td>
</tr>
</tbody>
</table>
J. Guides for differentiating between effects of external causes classifiable to Chapters I-XVI and Chapter XVII - continued

1. Asphyxia, aspiration, strangulation, suffocation - continued

<table>
<thead>
<tr>
<th>Place</th>
<th>I(a)</th>
<th>Asphyxia</th>
<th>878 &amp;8698</th>
<th>I(a)</th>
<th>Choked</th>
<th>33 912</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>(b)</td>
<td>Smoke inhalation</td>
<td>878</td>
<td>(b)</td>
<td>Aspiration of blood</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>(c)</td>
<td>Crushed chest</td>
<td></td>
<td>(c)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>II</td>
<td>Accident</td>
<td></td>
<td></td>
<td>II</td>
<td>M.V. vs. Ped.</td>
<td>&amp;8147</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place</th>
<th>I(a)</th>
<th>Aspiration</th>
<th>33 912</th>
<th>Place</th>
<th>I(a)</th>
<th>Suffocation</th>
<th>947 &amp;9130</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>(b)</td>
<td>Overdose of seconal</td>
<td>670 &amp;851</td>
<td>9</td>
<td>(b)</td>
<td>Crib sheet</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Code 9130 includes suffocation in bed.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Place</th>
<th>I(a)</th>
<th>Aspiration</th>
<th>33 &amp;912</th>
<th>Place</th>
<th>I(a)</th>
<th>Asphyxia and thermal burns</th>
<th>490 &amp;8908</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>(b)</td>
<td>Bronchiectasis</td>
<td>494</td>
<td>0</td>
<td>(b)</td>
<td>House fire</td>
<td>II /Accident/</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
K. Poisoning

Examples

When poisoning (any) is reported, code nature of injury code and E Code for the substance.

When poisoning by fumes, gas, liquids, or solids is reported, refer to Index under "Poisoning (acute)" to determine the nature of injury code for the substance.

To determine the E Code when a poisonous substance is ingested, inhaled, injected, or taken, refer to the description of such circumstances (acts) for example, Ingestion, Inhalation, or Took.

When a condition is reported due to poisoning and the index provides a code for the condition qualified as "toxic," use this code. If the index does not provide a code for the condition qualified as "toxic," code the condition as indexed.

1. Poisoning by substances other than drugs

Assume poisoning (self-inflicted) by a substance to be accidental unless otherwise indicated.

Place I(a) Aplastic anemia 2848

9 (b) Benzene poisoning 820 8624

Code I(a) anemia, aplastic, toxic (2848).

Place I(a) Toxic poisoning 899 8624

9 (b) Drank turpentine 828

On I(a), code the nature of injury code for poison NOS and the most specific E Code (turpentine) taking into account the entire certificate.
K. Poisoning - continued

1. Poisoning by substances other than drugs
   - continued

   a. Carbon monoxide poisoning

      Code carbon monoxide poisoning from motor vehicle exhaust gas to motor vehicle accident (E818, E825) unless there is indication that the motor vehicle was not in transit. Consider statements of "sleeping in car," "sitting in car," or "in parked car" to indicate that the M.V. was "not in transit." Assume "not in transit" in suicidal and self-inflicted cases. Consider carbon monoxide poisoning NOS to be motor vehicle exhaust gas when the place of injury is garage; code as "not in transit."

   b. Inhalation and "sniffing" sprays and aerosol substances

      When inhalation of sprays, aerosol substances, etc. is reported and there is no mention of drug abuse or drug dependence, code to the appropriate accidental poisoning category for the external cause. EXCEPTIONS: "Glue sniffing" and "cocaíne sniffing" are indexed to drug dependence (3046, 3042).
K. Poisoning - continued

1. Poisoning by substances other than drugs
   - continued

c. Intoxication by certain substances due to disease

When ammonia intoxication (NH₃) or carbon dioxide intoxication (CO₂) is reported due to a disease, do not code to poisoning. When due to a disease, code ammonia intoxication to 7906 and carbon dioxide intoxication to 7860 (carbon dioxide narcosis).  

Examples

- I(a) Ammonia intoxication 7906
- (b) Cirrhosis of liver 5715
- I(a) Carbon dioxide intoxication 7860
- (b) Chronic pulmonary emphysema 492
- I(a) Toxic poisoning 7998
- (b) Gastroenteritis 558

Code poisoning, toxic, due to a disease (7998) as indexed.

d. Condition qualified as "toxic" with poisoning reported

When a condition is qualified as "toxic" and there is indication of poisoning on the certificate, code the E Code for the poisoning as the first entry on the line, followed by the condition code. If ICD-9 provides a code for the condition qualified as "toxic," use this code. If no provision is made for qualifying the condition as toxic, code to the unspecified code for the condition.

Examples

- Place I(a) Toxic nephritis &8631 5809
- II Organophosphate poisoning, accidental &893
- Code I(a) to the most specific E Code and toxic nephritis (5809) as indexed.
- Place I(a) Toxic GI hemorrhage &8640 5789
- (b) Carbolic acid &830
- GI hemorrhage, toxic is not indexed; therefore, code &8640 as indexed and GI hemorrhage, as indexed.
- Place I(a) Toxic diarrhea &8637 558
- II Rat poison &894
- Place I(a) Toxic anemia 2848
- Code toxic anemia as indexed since there is no indication of poisoning on the record.
EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

K. Poisoning - continued

Examples

2. Poisoning by drugs

When the following statements are reported, see Table of Drugs and Chemicals for the E Code and code as accidental poisoning unless otherwise indicated. Interpret all these statements to mean poisoning by drug:

- Cardiac arrest
- Digitalis toxicity
- Congestive heart failure
- Shock
- Insulin overdose
- Diabetes
- Acute intravenous narcotism
- Fibrosis of lung with cardiac insufficiency
- Respiratory failure
- Ingested undetermined amount of drugs
- Took overdose of drug
- Overdose of barbiturates

complications resulting from:
- drug taken inadvertently
- wrong drug given in error
- wrong dose taken accidentally
- overdose of drug
- toxicity of a drug
- toxic reaction to a drug

Interpret the terms "acute narcotism" and "intoxication by drug" to mean poisoning by drug unless indicated or stated to be due to drug therapy or as a result of treatment for a condition (see "Acute narcotism" and "intoxication by drug" due to drug therapy, page 195).

When poisoning by drug NOS is reported in Part I and a specified drug is reported in Part II, code the E Code to the specific drug.
K. Poisoning – continued

2. Poisoning by drugs – continued

When a condition is qualified as "toxic" or "drug induced" and there is indication of drug poisoning on the certificate, code the E Code for the drug poisoning as the first entry on the line followed by the condition code. If ICD-9 provides a code for the condition qualified as "toxic" or "drug induced," use this code. If no provision is made for qualifying the condition as "toxic" or "drug induced," whichever is applicable, code to the unspecified code for the condition. Code the nature of injury code for poisoning by the specified drug.

When a condition is qualified as "toxic" and there is no indication of drug poisoning on the certificate, code the condition as indexed.

When a condition is qualified as "drug induced" and there is no mention of drug poisoning on the certificate, code as a complication of drug therapy (see "Drug induced" complications, page 194).
K. Poisoning - continued

2. Poisoning by drugs - continued

a. Poisoning by combinations of drugs

When combinations of drugs classifiable to categories E850-E858 are reported, code the E Code as follows:

(1) When accidental poisoning from a single drug is reported in Part I with a combination of drugs in Part II, code the E Code for the drug reported in Part I. Code the nature of injury codes for each drug reported.

Place I(a) Acute barbiturate intoxication 670 & 851
9 II /Accident/ Took unknown amount of 670 651
barbiturates and aspirin
Code E Code to 851, accidental poisoning by barbiturates since certifier indicated this drug was the cause of death. Enter the nature of injury codes for barbiturate and aspirin in Part II.

Place I(a) Poisoning by chloral hydrate 671 & 8525 673
9 (b) and bromides
Code E Code to 8525, accidental poisoning by mixed sedatives, not elsewhere classifiable since certifier did not specify one component as cause of death.

Place I(a) Coma 7800
9 (b) Promazine and Diazepam poisoning 691 & 8538 694
(c)
II /Accident/
Code E Code to 8538, accidental poisoning by other tranquilizers, since the drugs are classified to the same three-digit E Code with different fourth digits.

(2) When accidental poisoning by a combination of drugs is reported without indication of one component as the cause of death, code the E Code to the category for the combination. Code the nature of injury codes for each drug reported.

(3) When accidental poisoning by a combination of drugs with different fourth digits of the same three-digit E Code is reported and there is no provision for the combination, code to the three-digit E Code with the fourth digit for "Other." Code the nature of injury codes for each drug reported.
K. Poisoning - continued

2. Poisoning by drugs - continued
   a. Poisoning by combinations of drugs - continued

   (4) When accidental poisoning by a combination of drugs is reported and neither (1), (2), or (3) is applicable, code the E Code to E8588, Other accidental poisoning by other drugs. Code the nature of injury codes for each drug reported.

   (5) When poisoning by a combination of drugs is stated or indicated to be suicide or undetermined, proceed as follows:

   (a) Determine the E Code for the drugs from the Table of Drugs and Chemicals, Volume 2.

   (b) If the combination is not listed in the Table of Drugs and Chemicals, assign the appropriate E Code in E9500-E9505 or E9800-E9805 according to the type of drug.

   The E Code for accidental poisoning by dexamyl is E8542 and the E Code for phenobarbital is E851. Since the three-digit E Codes are different, code the E Code to E8588.

   I(a) Drug intoxication )779 &8588
   (b) Dexamyl, phenobarbital )697 )670

   I(a) Drug toxicity )779 &9504
   (b) Overdose of salicylates and seconal )651 )670

   II Suicide - Overdose of drugs )779
   Code the E Code for suicide by these drugs according to the inclusion note in ICD-9 to E9504.

   I(a) Darvon and promazine )657 &9804 )691
   (b) intoxication

   II Undetermined - Drug intoxication )779
   Code the E Code for poisoning by these drugs in undetermined circumstances to E9804, according to inclusion note in ICD-9.
EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

K. Poisoning - continued

3. Percentage of drug(s) in blood

When a percentage (%) of any drug(s) in the blood is reported, code the nature of injury code for the drug if there is mention of drug poisoning elsewhere on the record.

When a complication is reported due to a percentage (%) of any drug(s), code as a complication of drug therapy unless otherwise indicated.

When a percentage (%) of any drug(s) in the blood is reported without mention of drug poisoning or adverse effect, do not enter a code for the drug.

4. Poisoning by alcohol and drugs

When alcoholism or alcohol poisoning (any 303, 3050, 7903, or 800-809) is reported in Part I with drug poisoning in Part I, code the alcohol to the appropriate code (303, 3050, 7903, 800-809), the nature of injury code for the drug and code the appropriate E Code for the drug preceded by an ampersand. If alcohol poisoning is reported, code the E Code for alcohol also but do not precede this code with an ampersand.

Place I(a) Alcohol intoxication 3050
(b) Barbiturate intoxication 670 &851

Code alcohol intoxication as indexed and code E851 for barbiturate intoxication.

Place I(a) Alcoholism 303
II /Accident/ alcohol and barbiturate 851 3050 670

Code alcoholism (303) as indexed in Part I and E851 for accidental barbiturate intoxication in Part II.

I(a) Barbiturate toxicity 670 &9501
II /Suicide/barbiturate and alcohol 670 3050

Code E9501 for suicidal barbiturate intoxication in Part I and 3050 for alcoholic intoxication in Part II.
5. **Intoxication (acute) NOS due to specified substances**

When intoxication (acute) NOS is reported "due to" drugs or poisonous substances, code the intoxication to the nature of injury code for the first substance reported in the "due to" position.

**EXAMPLES**

- I(a) Acute intoxication
- (b) Darvyn & alcohol poisoning

**EXCEPTION:**

Intoxication (acute) NOS "due to" drug(s) with indication that the drug was being given for therapy.
L. Adverse effects and misadventures occurring as a result of or during surgical or medical care

Code any complication, abnormal reaction, misadventure to patient, or other adverse effect that occurred as a result of or during medical care except obstetrical procedures, to the appropriate category in Chapters I-XVII but take into account the medical care if it modifies the code assignment. Assign the appropriate supplementary E Code pertaining to the medical care regardless of whether the adverse effect is classified to Chapter I-XVI or to Chapter XVII. Precede the E Code with an ampersand only when the complication is assigned to a code in Chapter XVII. When the complication is assigned to a code in Chapters I-XVI and the underlying condition that necessitated the medical care is not known, precede the code for the complication with an ampersand. Precede the code for the underlying condition that necessitated the medical care, if known, with an ampersand except when the E Code assignment is E870-E876, Misadventures to patients during surgical and medical care. If the medical or surgical care was administered for an injury, precede the code for the external cause of the injury with an ampersand. If the medical care was administered for diagnostic purposes, precede the code for the underlying or most definitive condition that was found or confirmed by the diagnostic findings with an ampersand. When two or more conditions for which the stated medical care could have been administered are reported and the underlying or most definitive condition cannot be determined, precede the code for the first diagnoses with an ampersand.

Example

<table>
<thead>
<tr>
<th>Place</th>
<th>I(a) Pneumonia</th>
<th>973</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>(b) Surgery</td>
<td>&amp;8789</td>
</tr>
<tr>
<td></td>
<td>(c) Fracture of hip</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>(d) Fall</td>
<td>&amp;888</td>
</tr>
</tbody>
</table>
L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

mentioned of these conditions with an ampersand. The E Code distinguishes between drugs, medicaments, and biological substances causing adverse effects (except poisoning, overdose, and wrong drug given or taken in error) in therapeutic use (E930-E949), surgical and medical procedures as the cause of abnormal reaction of patient or later complication, without mention of misadventure at the time of procedure (E878-E879), and misadventures to patients during surgical and medical care (E870-E876).

1. Drugs, medicaments, and biological substances causing adverse effects in therapeutic use

| Code any condition classifiable to Chapters I-XVI that resulted from a drug, medicament, or biological substance (including anesthesia) known or presumed to have been properly administered in correct dosage to the appropriate category in these chapters. Classify only those adverse effects that cannot be assigned to Chapters I-XVI to Chapter XVII (995, 999). When a condition classifiable to Chapters I-XVI is reported due to drug reaction (named drug) NOS, e.g., insulin reaction, code the condition as indexed and code the drug reaction to the E Code only. |
|---|---|---|
| I(a) Respiratory and cardiac arrest & 7991 4275 |
| (b) Xylocaine reaction 9385 |
| I(a) Encephalitis & 3235 |
| (b) Smallpox vaccination 9490 |
| I(a) Cardiorespiratory arrest immed 4275 |
| (b) Sepsis 10 days 0389 |
| (c) Immunosuppression for 20 days 9331 |
| (d) Rheumatoid vasculitis & 4476 |
| I(a) Pulmonary embolism 4151 |
| (b) Enovid to control excessive menses 9322 & 6262 |
EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

1. Drugs, medicaments, and biological substances causing adverse effects in therapeutic use - continued

Unless there are indications to the contrary, assume that the drug, medicament, or biological substance was used for medical care purposes and that it was properly administered in correct dosage. Do not make this assumption if the drug was one which is not used for medical care purposes, e.g., LSD or if it was an analgesic, sedative, narcotic or psychotropic drug (or combination thereof) or drug NOS and the certifier indicated that the death was due to an "accident" or that it occurred under undetermined circumstances, or one or more of these drugs was taken in conjunction with alcohol; code to poisoning (see pages 185 to 189).

When the condition for which the drug is usually administered is reported elsewhere on the certificate, code this condition as indexed, preceded by an ampersand (&) to identify the disease necessitating the treatment.

Examples

<table>
<thead>
<tr>
<th>Place</th>
<th>I(a)</th>
<th>Respiratory failure</th>
<th>7991</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>(b)</td>
<td>Ingestion of multiple sedatives</td>
<td>676 &amp; 8525</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Accident</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place</th>
<th>I(a)</th>
<th>Cerebral anoxia</th>
<th>3481</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>(b)</td>
<td>Ingestion of barbiturates</td>
<td>670 &amp; 851</td>
</tr>
<tr>
<td></td>
<td>(c)</td>
<td>II Alcoholic intoxication</td>
<td>3050</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place</th>
<th>I(a)</th>
<th>Hemorrhage</th>
<th>5789</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(b)</td>
<td>Ulcer of stomach</td>
<td>5319</td>
</tr>
<tr>
<td></td>
<td>(c)</td>
<td>Cortisone therapy</td>
<td>9320</td>
</tr>
</tbody>
</table>

II Scleroderma  &7101

The ulcer of stomach is the complication of the drug therapy. Code the E Code for cortisone on I(c). Since cortisone is used in treatment of scleroderma, place an ampersand preceding the code for scleroderma.
L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

1. Drugs, medicaments, and biological substances causing adverse effects in therapeutic use - continued

When a complication occurs as the result of a drug being given in treatment and the condition necessitating the administration of the drug is not reported anywhere on the certificate, do not assume a disease condition.

When a complication classifiable to Chapters I-XVI occurs as the result of a drug being administered in therapeutic use and the condition necessitating the treatment is not reported, place an ampersand preceding the code for the complication.

a. "Drug induced" complication

When a condition is stated to be "drug induced," consider the condition to be a complication of drug therapy, unless otherwise indicated. Code as follows:

(1) If the complication is classified to Chapters I-XVI, code the E Code for the drug, followed by the code for the complication.

Examples

I(a) Renal failure 586
(b) Ingested orinase 9323

The renal failure on I(a) is the adverse effect of the orinase. Code the E Code for orinase on I(b). Do not assume a disease condition necessitating therapy even though orinase is a drug used in the treatment of diabetes. Place an ampersand preceding the code for the renal failure.

I(a) Drug induced aplastic anemia 9479 2848
II Carcinoma of lung 1629

Code I(a) E9479, complication of an unspecified drug, and the "drug induced aplastic anemia" as indexed. Ampersand the carcinoma of lung as the condition for which the drug was being administered.

I(a) Drug induced polyneuropathy 9479 3576

Code I(a) E9479, complication of an unspecified drug, and polyneuropathy due to drug, 3576.
L. Adverse effects and misadventures occurring as a result of or during surgical or medical care – continued

1. Drugs, medicaments, and biological substances causing adverse effects in therapeutic use – continued

a. “Drug induced” complication – continued

(2) If the complication is classified to Chapter XVII, code the nature of injury code for the complication followed by the E Code for the drug. Place an ampersand preceding the E Code.

If the reason for the therapy is given or is indicated, precede the code for this condition with an ampersand. When the reason for the therapy is not reported and the complication is classifiable to Chapters I-XVI, place an ampersand preceding the code for the complication.

b. “Acute narcotism” and “intoxication by drug” due to drug therapy

When “acute narcotism” or “intoxication by drug” is reported or indicated to be due to treatment for a condition or due to drug therapy, consider these to be complications of drug therapy, not poisoning. on the record.

Examples

I(a) Drug induced anemia 9302 2859
(b) Chloramphenicol
(c) Septicemia &0389

Code I(a) E9302, for chloramphenicol, and anemia, 2859. ICD-9 does not provide a special code for “drug induced anemia NOS.” Ampersand the septicemia as the condition for which the drug was being administered.

I(a) Ventricular fibrillation 4274
(b) Acute narcotism 3498 9358
(c) Carcinoma of stomach &1519

Code the “acute narcotism,” 3498 and E9358 since it is indicated to be due to drug therapy by its position

I(a) Cardiac arrest 4275
(b) Digitalis intoxication )952 &9421
(c) A.S.H.D. &4140

Code the “digitalis intoxication,” )952, &9421 since it is indicated to be due to drug therapy by its position on the record.
EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

1. Drugs, medicaments, and biological substances causing adverse effects in therapeutic use - continued

   c. Combined effects of two or more drugs

   When a complication is reported due to the combined effects of two or more drugs, code the complication as indexed. On the next lower line, code the appropriate E Code (E930-E949)

   Do not consider as complication of drug therapy if the combination of drugs was any two or more of the following:
   
   Analgesic
   Sedative
   Narcotic
   Psychotropic drug or
   Drug NOS

   and the certifier indicated that the death was due to an “accident” or that it occurred under “undetermined circumstances.” Code to poisoning (see pages 185 to 189).

Example

I(a) Cardiac arrest 64275
(b) Barbiturate, thorazine 9478
(c) and aspirin ingestion

Code E9478, the appropriate E Code for a combined effect of two or more drugs, in therapeutic use. Classified to different three-digit categories.
L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

1. Drugs, medicaments, and biological substances causing adverse effects in therapeutic use - continued

c. Combined effects of two or more drugs - continued

To determine the appropriate E Code, refer to the column for “Adverse Effect in correct usage” in the Table of Drugs and Chemicals and proceed as follows:

(1) If the combination is listed in the Table of Drugs and Chemicals, code the E Code for the combination.

(2) If the combination is not listed and the drugs are classified to different fourth digits of the same three-digit category, code to the appropriate E Code with the fourth digit for “Other.”

(3) If the combination is not listed and the drugs are classified to different three-digit categories, code the E Code to 947.8, “Other drugs and medicaments.”

I (a) Congestive heart failure 4280
(b) Cor pulmonale 4169
II Hemorrhage from coumadin and aspirin &4590 9478
Code E9478, the appropriate E Code for a combined effect of two drugs in therapeutic use classified to different three-digit categories.
L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

1. Drugs, medicaments, and biological substances causing adverse effects in therapeutic use - continued

d. Complication of chemotherapy

When a complication of chemotherapy is reported, code the complication as indexed and code E9479 unless a malignancy is reported on the certificate. When the complication of chemotherapy is classifiable to Chapters I-XVI and the condition for which the chemotherapy was given is not reported, place an ampersand preceding the code for the complication.

When a malignancy is reported and a complication of chemotherapy is reported, consider the chemotherapy to be antineoplastic drugs and code the E Code to 9331.

e. Drugs administered for 1 year or more

When a complication is reported due to a drug being administered for 1 year or more, consider that the drug was given on a continuing basis. Code as a current complication; do not code as a late effect.

Examples

1. I (a) Aplastic anemia &2848
   (b) Chemotherapy 9479

   Code I (a) aplastic anemia due to drugs (2848), and code I (b) E9479, adverse effect of unspecified drug in correct usage.

2. I (a) Purpura 2872
   (b) Chemotherapy 9331
   (b) Leukemia &2089

   Code I (a) as indexed. Code I(b) E9331, a complication of an antineoplastic drug.

3. I (a) Hypercorticosteronism 2553
   (b) Steroids - 6 years 9320
   (c) Arthritis &7169

   Consider the steroids as being administered on a continuing basis for 6 years. Code as a current complication of the drug. Code I(a) hypercorticosteronism, due to correct substance properly administered (2553)
L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

2. Surgical procedures as the cause of abnormal reaction of the patient or later complication

When a complication(s) or adverse effect arises due to a surgical (operative) procedure, code the complication to Chapters I-XVII as indexed and the procedure to the appropriate E Code (E8780-E8789). When a complication is reported due to surgery or is stated as post-operative, check in index for the term qualified as post-operative. If index provides a code for the term qualified as post-operative, use this code for the complication. If index does not provide for the term qualified as post-operative, code the term to the appropriate nature of injury code (996-998). When a specified complication, not classifiable as above is reported, code to 9988.

When a complication is qualified as "post-operative," code as follows:

a. If the complication is classifiable to Chapters I-XVI, code the E Code followed by the code for the complication.

b. If the complication is classifiable to Chapter XVII, code the nature of injury code followed by the E Code.

Examples

I(a) Shock 980
(b) Surgery 8789

Code the shock to surgical shock as indexed and the surgery as indexed under complication of medical or surgical procedure or treatment. Precede the E Code (8789) by an ampersand.

I (a) Pulmonary insufficiency &5185
(b) Surgery 8789

Code I(a) insufficiency, pulmonary following surgery (5185). Code I(b) E8789, reaction, abnormal following surgery.

Pneumonia is one of the most frequent complications of a surgical procedure. Code 973, complication, respiratory of a surgical procedure. Code I(b) E8789, reaction, abnormal following surgery.

I (a) Post-gastrectomy dumping syndrome 8786 5642
(b) Carcinoma of stomach &1519

Code I (a) E8786, reaction abnormal of removal of organ, and I(b) 5642, dumping syndrome. Place an ampersand preceding 1519, carcinoma of stomach, to identify the underlying condition that necessitated surgery.

I (a) Post-operative cardiac arrest 971 & 8786
(b) Appendectomy
(c) Acute appendicitis & 5409

Code I(a) E8786, reaction abnormal of removal of organ, and 971, complication, cardiac, surgical procedure. Place an ampersand preceding 5409 to identify acute appendicitis as the underlying condition that necessitated surgery.
L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

2. Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued

a. Conditions not considered as post-operative complications

Although almost any condition reported due to surgery is regarded as a post-operative complication, there are a few diseases which are not considered post-operative complications. Do not accept the following conditions as complications of surgical procedures:

- Infectious and parasitic diseases (001-030, 032-034, 036, 039, 0401-100, 102-104, 120-1369 except Infection NOS, 137-139)
- Neoplasms (140-239)
- Diabetes (250)
- Hemophilia (2860-2862)
- Alcoholic disorders (303, 3050, 3575, 3594, 4255, 5353, 5710-5713, 7903)
- Rheumatic fever or rheumatic heart disease (390-398)
- Chronic or degenerative myocarditis (4290)
- Cerebral hemorrhage (430-432) except when due to surgery on central nervous system
- Hypertensive diseases in 402-404

Examples

I (a) Myocardial infarction 410
(b) Arteriosclerosis 4409
(c) Surgery

Since arteriosclerosis is not accepted as a complication of surgery, do not code the surgery.

Do not accept the following conditions as complications of surgical procedures:

I (a) Diabetic gangrene 2506
(b) Leg amputation

Do not code the leg amputation (surgery) since there is no indication of a surgical complication.

I (a) Arteriosclerotic coronary aneurysm 2 wks 971
(b) Surgery for 68789
(c) Ca. Of stomach 61519
EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

2. Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued

a. Conditions not considered as post-operative complications - continued

Arteriosclerosis (440) and arteriosclerotic conditions, except those classified to 410
Influenza (487)
Hernia except ventral (incisional)
Collagen diseases (710)
Congenital malformations (740-759)
Conditions with a duration which predates the surgery

This is not an all inclusive list.

b. Condition necessitating surgery

When a complication of surgery is reported and the underlying condition which necessitated the surgery is stated or implied, place an ampersand preceding this condition to indicate the condition for which the surgery was performed. Do not place an ampersand a condition necessitating surgery unless a complication of the surgical procedure is coded. When the condition necessitating the surgery is not stated or implied and the complication is classifiable to Chapters I-XVI, place an ampersand preceding the code for the complication.

Examples

I (a) Pulmonary embolism 973
(b) Surgery for 8789
(c) Gangrene of foot 7854

Code the pulmonary embolism as the complication, the E Code to 8789 for the procedure, and precede the code for gangrene with an ampersand to identify the underlying condition for which surgery was performed.

I (a) Sepsis and anuria 0389 7885
(b) P.O. peritonitis 985 8789
(c) P.O. ca. Of colon c. obstruction &1539 5609

Code peritonitis as the complication and E8789 for the procedure. Place an ampersand preceding the ca. of colon to identify the underlying condition which necessitated surgery.
EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L.  Adverse effects and misadventures occurring
as a result of or during surgical or medical

care - continued

2.  Surgical procedures as the cause of abnormal
reaction of the patient or later complication
- continued

b.  Condition necessitating surgery - continued

When surgery NOS or a therapeutic surgical procedure is reported on a certificate without mention of a complication, code only the condition which required the surgery.

When the condition that necessitated the surgery is implied by the operative term, code this condition.

When the condition that necessitated the surgery is not reported, if the organ or site is implied by the operative term, code the residual category for disease of the organ or site. An exception to this generalization is appendectomy which is classified to appendicitis (541) when it is the only operative procedure reported. If appendectomy is reported with other abdominal or pelvic surgery, assume the appendectomy to be incidental to the other surgery and do not code 541.

Use the following codes when these surgical procedures are reported and the condition necessitating the surgery is not reported:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aorta - (c any other vessel) (by-pass) graft</td>
<td>4479</td>
</tr>
<tr>
<td>Atrio-ventricular shunt 3489</td>
<td></td>
</tr>
<tr>
<td>Billroth (I or II) 5377</td>
<td></td>
</tr>
<tr>
<td>Brock valvulotomy 7460</td>
<td></td>
</tr>
<tr>
<td>Cardiac revascularization 4140</td>
<td></td>
</tr>
<tr>
<td>Choledochoduodenostomy 5759</td>
<td></td>
</tr>
<tr>
<td>Cholecystectomy 5759</td>
<td></td>
</tr>
<tr>
<td>Cholecystolithotomy 5742</td>
<td></td>
</tr>
<tr>
<td>Colostomy 5699</td>
<td></td>
</tr>
<tr>
<td>Coronary endarterectomy 4140</td>
<td></td>
</tr>
<tr>
<td>Coronary revascularization 4140</td>
<td></td>
</tr>
<tr>
<td>Endarterectomy (artery) (aorta) 4479</td>
<td></td>
</tr>
<tr>
<td>Gastrectomy 5377</td>
<td></td>
</tr>
<tr>
<td>Gastroenterostomy 5699</td>
<td></td>
</tr>
<tr>
<td>Gastro-intestinal surgery NOS 5699</td>
<td></td>
</tr>
<tr>
<td>Gastrojejunostomy 5699</td>
<td></td>
</tr>
<tr>
<td>Herniorrhaphy code hernia</td>
<td></td>
</tr>
<tr>
<td>Hysterectomy 6219</td>
<td></td>
</tr>
<tr>
<td>Ileal loop 5999</td>
<td></td>
</tr>
<tr>
<td>Lobectomy - when indicated lung 5189</td>
<td></td>
</tr>
<tr>
<td>Mammary artery internal) implant 4140</td>
<td></td>
</tr>
<tr>
<td>Nephrectomy 5939</td>
<td></td>
</tr>
<tr>
<td>Revascularization of heart 4140</td>
<td></td>
</tr>
<tr>
<td>Revascularization, myocardial 4140</td>
<td></td>
</tr>
<tr>
<td>T and A 4749</td>
<td></td>
</tr>
<tr>
<td>Thoracoplasty 5199</td>
<td></td>
</tr>
<tr>
<td>Tonsillectomy 4749</td>
<td></td>
</tr>
<tr>
<td>Ureterosigmoid bypass 5999</td>
<td></td>
</tr>
<tr>
<td>Ureterosigmoidostomy 5999</td>
<td></td>
</tr>
<tr>
<td>Vein stripping 4549</td>
<td></td>
</tr>
<tr>
<td>Vineberg operation 4140</td>
<td></td>
</tr>
</tbody>
</table>
L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

2. Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued

b. Condition necessitating surgery - continued

When the condition that necessitated the surgery is not reported and the surgical procedure does not indicate the organ or site, do not enter a code for the operative term. These procedures include: amputation, chordotomy, craniotomy, cystostomy, D&C, gastrostomy, laminectomy, laparotomy, lobectomy NOS, lobotomy, portocaval shunt, rhizotomy, sympathectomy, tracheotomy, tracheostomy, tubal ligation, vagotomy, vasectomy, and vas ligation. If a term such as these is the only entry on the certificate, code 7999.

When the following complications of surgery are reported and the reason for the surgery is not reported, use the following codes as the reason the surgery was performed:

<table>
<thead>
<tr>
<th>Reason for Surgery</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postsurgical hypothyroidism</td>
<td>2469</td>
</tr>
<tr>
<td>Postsurgical hypoinsulinemia</td>
<td>5779</td>
</tr>
<tr>
<td>Blind loop syndrome</td>
<td>5699</td>
</tr>
<tr>
<td>Other and unspecified postsurgical nonabsorption</td>
<td>5699</td>
</tr>
</tbody>
</table>

Example
I (a) Blind loop syndrome  8789 5792 &5699
### EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

**L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued**

2. **Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued**

<table>
<thead>
<tr>
<th>Complication</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>When a “Surgery” with the underlying condition that necessitated the surgery stated is reported due to the complication to Chapters I-XVII, the surgery to appropriate E Code (E878) preceded by an ampersand, if required, and the underlying condition necessitating the surgery preceded by an ampersand.</td>
<td></td>
</tr>
<tr>
<td>“Surgery” with the condition which necessitated the surgery not stated and only one condition for which surgery could have been performed is reported</td>
<td>the complication to Chapters I-XVII, the surgery to appropriate E Code (E878) preceded by an ampersand, if required. Since only one condition for which the surgery could have been performed is reported, code the condition and precede with an ampersand to identify the reason for the surgery.</td>
</tr>
<tr>
<td>“Surgery” with the condition which necessitated the surgery not stated and two or more conditions for which surgery could have been performed are reported</td>
<td>the complication to Chapters I-XVII and the surgery to appropriate E Code (E878) preceded by an ampersand, if required. Ampersand the first mentioned condition for which the surgery could have been performed.</td>
</tr>
<tr>
<td>“Surgery” without indication of the condition which necessitated the surgery</td>
<td>the complication to Chapters I-XVII, and the surgery to appropriate E Code (E878) only. If the complication is classifiable to Chapters I-XVI, precede code for complication with an ampersand.</td>
</tr>
</tbody>
</table>
L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

2. Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued

<table>
<thead>
<tr>
<th>Complication</th>
<th>Surgical procedure which indicates the condition for which the surgery was performed</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>the complication to Chapters I-XVII, the surgery to appropriate E Code (E878) preceded by ampersand, if required, and code the condition implied by the surgery following the E Code for the surgery. Place ampersand preceding code for the condition.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Complication</th>
<th>Surgical procedure that indicates an organ or site with one related condition for which the surgery could have been performed</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>the complication to Chapters I-XVII, the surgery to appropriate E Code (E878) preceded by ampersand, if required. Code the condition for which the surgery could have been performed and precede with an ampersand.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Complication</th>
<th>Surgical procedure that indicates an organ or site without a related condition for which the surgery could have been performed</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>the complication to Chapters I-XVII, the surgery to appropriate E Code (E878) preceded by ampersand, if required, and code disease of the organ or site following the E Code for the surgery. Place an ampersand preceding code for the condition.</td>
<td></td>
</tr>
</tbody>
</table>
EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

2. Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued

b. Condition necessitating surgery - continued

<table>
<thead>
<tr>
<th>Complication</th>
<th>Is reported due to</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>When a complication is reported due to prophylactic or non-therapeutic surgery</td>
<td>the complication to Chapters I-XVII and the surgery to appropriate E Code (E878) preceded by ampersand, if required. Do not assume or ampersand a disease condition. When the complication is classifiable to Chapters I-XVI, precede the code for the complication with an ampersand.</td>
<td></td>
</tr>
</tbody>
</table>

Examples

I(a) Hemorrhage &981 I(a) Mesenteric thrombosis &974
(b) Surgery &8789 (b) Surgery &8789
(c) Ca. of lung &1629 II ASHD &4140

Code I(a) as post-operative hemorrhage &981. Code the E Code for the surgical procedure and precede by an ampersand. Code 1629, Ca. of lung and precede by an ampersand to identify the stated underlying condition for which surgery was performed.

I(a) Wound dehiscence &983 I(a) M. I. &971
(b) Surgery &8789 (b) Gastrectomy &8786
II Ca. of lung, gastric ulcer &1629 5319 II Bleeding gastric ulcer &5314

I(a) Shock & hemorrhage &980 &981 I(a) Cardiac arrest &4275
(b) Surgery &8789 (b) Pneumonia &973
(c) Pancreatectomy &8786 &5779

I(a) CHF &971
(b) Cholecystectomy &8788 &5742
L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

2. Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued

c. Relating surgical procedure to condition for which surgery was performed

When a condition of unspecified site is reported with surgery of a defined site, code the condition of unspecified site to the defined site.

When a condition of a site is reported with surgery of a more defined part of the site, code the condition to the more specified site.

When a condition of a site is reported with surgery for the same condition of unspecified or a less defined part of the site, code the condition to the most defined site.

Do not apply these instructions when more than one condition or a condition of multiple specified sites which could have necessitated the surgery is reported.
L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

2. Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued

d. Conditions qualified as post-operative

When "post-operative," "post-op," "p.o.," etc., qualifies a condition, determination must be made as to whether the condition is a surgical complication or the condition for which the surgery was performed. When the complication is classifiable to Chapters I-XVI and the condition necessitating the surgery is not reported, place an ampersand preceding the code for the complication.

When "post-operative," "post-op," etc., qualifies a complication:

(1) If the complication is classified to Chapters I-XVI, code the E Code followed by the code for the complication.

I(a) P.O. pneumonia    973 &8789
I(a) Cardiac arrest    4275
I(a) Heart failure    4289
I(a) Pneumonia    486
II Thrombophlebitis, post-operative    972 &8789
II ASHD    &4140
II Gastric ulcer surgery    &5319
II P. O. infection (wound)    985 &8789
II Intestinal obstruction    &5609

(2) If the complication is classified to Chapter XVII, code the nature of injury code followed by the E Code.

I(a) Pulmonary edema    5184
I(a) Peritonitis, post-op    985 &8789
I(a) Ca. of cecum    &1534
II Surgery for bowel obstruction    5609
II P.O. bowel obstruction    8789 5609
EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

2. Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued

d. Conditions qualified as post-operative - continued

Code the following terms as post-operative complications when preceded by or followed by "post-operative," "post-op," "p.o." or synonymous terms except when this condition is stated elsewhere on the certificate as the reason the surgery was performed:

- abscess
- adhesions
- aspiration
- atelectasis
- bowel obstruction
- cardiac arrest
- embolism
- fistula
- gas gangrene
- hemolysis, hemolytic infection
- hemorrhage, hematoma
- infarction
- infection

occlusion
peritonitis
phlebitis, phlebothrombosis
pneumonia
pneumothorax
renal failure (acute)
sepsis
septicemia
septic shock
shock
thrombophlebitis
thrombosis
wound infection

This list is not all inclusive.
EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. **Adverse effects and misadventures occurring as a result of or during surgical or medical care** - continued

2. **Surgical procedures as the cause of abnormal reaction of the patient or later complication** - continued

   e. **Complication as first entry on lowest used line in Part I**

When any one of the conditions listed below is reported as the first entry on the lowest used line in Part I with surgery reported on same line or in Part II, code this condition as a post-operative complication. Do not apply this instruction when the surgery is stated to have been performed 28 days or more prior to death or when the surgery is stated to have been performed for the condition reported as the first entry on the lowest used line.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute renal failure</td>
<td>surgery is reported on same line or in Part II</td>
</tr>
<tr>
<td>Aspiration</td>
<td>complication as indexed and the surgery to appropriate E Code</td>
</tr>
<tr>
<td>Atelectasis</td>
<td>(E878) where it is indicated on the record by the certifier</td>
</tr>
<tr>
<td>Bacteremia</td>
<td></td>
</tr>
<tr>
<td>Cardiac arrest (any 4275)</td>
<td></td>
</tr>
<tr>
<td>Disseminated intravascular coagulopathy (DIC)</td>
<td></td>
</tr>
<tr>
<td>Embolism (any site)</td>
<td></td>
</tr>
<tr>
<td>Gas gangrene</td>
<td></td>
</tr>
<tr>
<td>Hemolysis, hemolytic infection</td>
<td></td>
</tr>
<tr>
<td>Hemorrhage NOS</td>
<td></td>
</tr>
<tr>
<td>Infarction (any site)</td>
<td></td>
</tr>
<tr>
<td>Occlusion (any site)</td>
<td></td>
</tr>
<tr>
<td>Phlebitis (any site)</td>
<td></td>
</tr>
<tr>
<td>Phlebothrombosis (any site)</td>
<td></td>
</tr>
<tr>
<td>Pneumonia (classifiable to 4800-486, 5070)</td>
<td></td>
</tr>
<tr>
<td>Pneumothorax</td>
<td></td>
</tr>
<tr>
<td>Pulmonary Insufficiency</td>
<td></td>
</tr>
<tr>
<td>Renal failure Insufficiency</td>
<td></td>
</tr>
<tr>
<td>Septicemia (any 0380-0389)</td>
<td></td>
</tr>
<tr>
<td>Shock (septic) (any 7855)</td>
<td></td>
</tr>
<tr>
<td>Thrombophlebitis (any site)</td>
<td></td>
</tr>
<tr>
<td>Thrombosis (any site)</td>
<td></td>
</tr>
</tbody>
</table>
EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

2. Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued

   e. Complication as first entry on lowest used line in Part I - continued

When the first entry on the lowest used line in Part I is: And Code

<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peritonitis (abdominal or pelvic surgery)</td>
<td>reported on same line or in Part II</td>
<td>complication as indexed and the surgery to appropriate E Code (E878) where it is indicated on the record by the certifier</td>
</tr>
<tr>
<td>Intestinal obstruction (5600-5609)</td>
<td>reported on same line or in Part II</td>
<td></td>
</tr>
<tr>
<td>Hemorrhage of a site</td>
<td>surgery of the same site or region reported on same line or in Part II</td>
<td></td>
</tr>
<tr>
<td>Fistula of site(s)</td>
<td>surgery of the same site or region reported on same line or in Part II</td>
<td></td>
</tr>
<tr>
<td>All conditions listed above and on preceding page</td>
<td>surgery stated to have been performed 28 days or more prior to death is reported on same line or in Part II</td>
<td>condition as indexed. Do not code as a complication of the surgery.</td>
</tr>
<tr>
<td>Adhesions (surgery performed less than one year prior to death is reported on same line or in Part II)</td>
<td>)974 and code the surgery to appropriate E Code (E878)</td>
<td></td>
</tr>
<tr>
<td>Adhesions (surgery performed one year or more prior to death is reported on same line or in Part II)</td>
<td>)093, late effects of complications of surgery and code the surgery to appropriate E Code (E878)</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: When a date is entered in the operation block, code as if surgery was performed on that date.
EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

2. Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued

e. Complication as first entry on lowest used line in Part I - continued

Examples

I(a) Pneumonia 486 I(a) Septic shock 7855
(b) Peritonitis 5679 (b) Peritonitis 5679
(c) Intestinal obstruction 974 (c) Adhesions 974

II Colostomy - ulcerative colitis &8783 &556 II Surgery - 6 mos. ago for ca. &8789 &1539
Code intestinal obstruction on I(c) as a complication of the surgery reported in Part II, since the surgery was abdominal and there is no indication that this procedure was performed 28 days or more prior to death.

I(a) Pneumonia 486 I(a) Renal failure 586
(b) Pulmonary embolism 973 (b) Intestinal obstruction 5609
(c) Adhesions 974

II Operations for gangrene of leg &8789 &7854 II Surgery - 16 months ago for &8789 &5621
code pulmonary embolism as a complication of surgery since it is the first entry on the lowest used line in Part I and surgery, not indicated to have been performed 28 days or more prior to death, is reported in Part II.

Code adhesions on line I(c) as a complication of surgery and code the E Code for the surgery as the first entry in Part II and precede E Code by an ampersand. Code the condition for which surgery was performed and precede by an ampersand.

I(a) Pneumonia 486 I(a) Renal failure 586
(b) Pulmonary embolism 973 (b) Intestinal obstruction 5609
(c) Adhesions 974

II Operations for gangrene of leg &8789 &7854 II Surgery - 16 months ago for &8789 &5621
code pulmonary embolism as a complication of surgery since it is the first entry on the lowest used line in Part I and surgery, not indicated to have been performed 28 days or more prior to death, is reported in Part II.

Code adhesions on line I(c) as a complication of the surgery reported in Part II. Since this surgery was performed more than 1 year ago, code 093 for the complication. Code diverticulitis as the condition for which surgery was performed.
L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

2. Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued

e. Complication as first entry on lowest used line in Part I - continued

Examples
I(a) Congestive heart failure 4280 Date of death 09/17/78
   (b) Shock 7855 I(a) Pleural effusion 5119
   (c) Acute renal failure 5849 (b) Pulmonary embolism & pneumonia 973 486
   II Surgery performed 6 wks. ago 1539 (c)
      for cancer of colon II 68789
Code all conditions on this record as indexed. Do not code acute renal failure as a complication of surgery since the surgery was performed more than 27 days prior to death.
EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

2. Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued

f. Ill-defined condition as first entry on lowest used line in Part I

When an ill-defined condition classifiable to the codes listed below is reported as the first entry on the lowest used line in Part I with surgery reported on the same line or in Part II, proceed as follows:

When the first entry on the lowest used line in Part I is:

<table>
<thead>
<tr>
<th>Code Range</th>
<th>With</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>7800-7854</td>
<td>surgery reported on the same line or the ill-defined condition, then code the remaining conditions as if the ill-defined condition had not been reported</td>
<td></td>
</tr>
<tr>
<td>7856-7906</td>
<td>in Part II</td>
<td></td>
</tr>
<tr>
<td>7908-7999</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EXCEPTIONS:**

When the first entry on the lowest used line in Part I is:

<table>
<thead>
<tr>
<th>Code</th>
<th>Code Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>7800</td>
<td>2500-2510</td>
</tr>
<tr>
<td>5722</td>
<td></td>
</tr>
<tr>
<td>00-03</td>
<td></td>
</tr>
<tr>
<td>050</td>
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L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

2. Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued

f. Ill-defined condition as first entry on lowest used line in Part I - continued

**EXCEPTIONS:** - continued

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L. Adverse effects and misadventures occurring as a result of or during surgery or medical care - continued

2. Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued

f. Ill-defined condition as first entry on lowest used line in Part I - continued

**EXCEPTIONS: - continued**

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

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

2. Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued

f. Ill-defined condition as first entry on lowest used line in Part I - continued

EXCEPTIONS: - continued

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

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

2. Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued

f. Ill-defined condition as first entry on lowest used line in Part I - continued

EXCEPTIONS: - continued

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

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

2. Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued

f. Ill-defined condition as first entry on lowest used line in Part I - continued

EXCEPTIONS: - continued

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L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

2. Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued

f. Ill-defined condition as first entry on lowest used line in Part I - continued

Examples

I(a) Senility and M. I. 797 971 I(a) Peritonitis 985
II Gastrectomy &8786 &5377 (b) Cause unknown 7997
I(a) Aspiration pneumonia 5070
(b) Jaundice 7824
II Ileal loop &8782 &5999

When a complication (stated or implied) occurs as a result of an amputation, code the complication to Chapters I-XVII. When the complication is classifiable to Chapters I-XVI and the condition that necessitated the amputation is not reported, precede the code for the complication with an ampersand.

Examples

I(a) Renal failure 975
(b) B. K. amputation of leg &8785
(c) Gangrene of foot &7854
I(a) Infected amputation stump 976 &8785
(b) Osteosarcoma of leg &1707

When there is a complication of an amputation stump, code the complication to 976. (Do not use 976 for "stump" of internal organs.)
L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

3. Complication of procedures involving administration of drugs, radiation, and instruments

Many procedures (e.g., angiogram, barium enema, pyelogram) involve the administration of drugs and the use of x-ray or radioactive substances and various instruments. When complications of these procedures are reported, determine, if possible, which specific part of the procedure caused the complication. Code the appropriate code for the complication and the procedure. When the complication is classifiable to Chapters I-XVI and the reason for the procedure is not reported, precede the code for the complication with an ampersand.

Examples

- I(a) Pulmonary embolism 967
  (b) Cardiac catheterization 8790
  (c) Ventricular septal defect 7454

- I(a) Barium impaction 9478 5603
  (b) Barium enema
  (c) Colon polyps 2113

- I(a) Anaphylactic shock 950
  (b) Hypaque (aortogram) 9478
  (c) Colon polyps 2113

- I(a) Peritonitis 5679
  (b) Laceration of colon 982
  (c) Barium enema 8707
  (d) Diverticulitis 5621

- I(a) Cerebral hemorrhage 981
  (b) Cerebral arteriogram 8798
  (c) Astrocytoma-posterior fossa 1919

When a complication results from the administration of anesthesia, code the complication as indexed and code the appropriate E Code (E9380-E9389) (see Drugs, medicaments, and biological substances causing adverse effects in therapeutic use, pages 192 to 198.)
L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

3. Complication of procedures involving administration of drugs, radiation, and instruments - continued

<table>
<thead>
<tr>
<th></th>
<th>I(a)</th>
<th>Example</th>
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<tr>
<td>I(a)</td>
<td>Cardiac arrest</td>
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<tr>
<td>(b)</td>
<td>Prostatic surgery under anesthesia</td>
<td>8789</td>
</tr>
<tr>
<td>(c)</td>
<td>B.P.H.</td>
<td>600</td>
</tr>
</tbody>
</table>

The condition on I(a) is reported due to the surgery, not the anesthesia.

I(a) Pulmonary infarction 4151
(b)
(c)

II Cardiac catheterization
Cardiac catheterization is not classified as a surgical procedure; therefore, do not code the pulmonary infarction as a complication.

<table>
<thead>
<tr>
<th></th>
<th>I(a)</th>
<th>Example</th>
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<tbody>
<tr>
<td>I(a)</td>
<td>Pneumonia</td>
<td>486</td>
</tr>
<tr>
<td>(b)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c)</td>
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<td></td>
</tr>
</tbody>
</table>

II Biopsy
Biopsy is not classified as a surgical procedure; therefore, do not code the pneumonia as a complication.
L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

4. Adverse effects due to exposure to radiation during medical care

When a complication results from exposure to radiation, except radiofrequency radiation and that from infrared heaters and lamps and visible and ultraviolet light sources, consider as exposure of patient to radiation during medical care unless there is information on the certificate that indicates otherwise. Code complications of radiation during medical care as follows:

a. If the index provides a code for the condition qualified as "radiation," "radiation induced," or "due to radiation," use this code.

b. If the index does not provide a code for the condition qualified as "radiation," "radiation induced," or "due to radiation," code the condition as indexed without the qualifier.

c. Code the E Code to E8792 - (Radiological procedure and radiotherapy as cause of abnormal reaction of patient or of later complication).

Examples

I(a) Pulmonary edema 514
(b) Radiation pneumonitis 8792 5080
(c) Radiation therapy for ca. breast &1749
(d) "Radiation pneumonitis" is the complication. Code E8792 and also 5080 for radiation pneumonitis. Precede the code for ca. breast with an ampersand to identify the condition for which the radiation was administered.

I(a) Carcinomatosis 1990
(b) Oat cell carcinoma &1629
(c) X-ray fibrosis - lung 8792 5081

Fibrosis, lung is the complication. Code E8792 for x-ray and 5081, radiation fibrosis of lung. Precede the code for oat cell carcinoma with an ampersand to identify the condition for which the radiation was administered.

I(a) Pneumonia 5080
(b) Radiation 8792
(c) Carcinoma of face £1950

Code I(a) pneumonia due to radiation (5080). Code I(b) E8792 for the radiation. Precede the code for carcinoma of face with an ampersand to identify the condition for which the radiation was administered.

I(a) Debility 7993
(b) Radiation therapy 8792
(c) Hodgkin's disease £2019

Code I(a) as indexed since ICD-9 does not provide a code for radiation induced debility.
L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

4. Adverse effects due to exposure to radiation during medical care - continued

When the complication is qualified as "radiation" or as "radiation induced" and the index provides a code for the condition in Chapters I-XVI, code the E Code followed by the condition code. If the complication is qualified as "radiation" or "radiation induced" and the index provides a code for the condition in Chapter XVII, code the nature of injury code followed by the E Code.

If the condition that necessitated the use of radiation is reported on the certificate, enter the code for this condition and precede code by an ampersand only if the E Code is E8792. When a complication is reported and the condition that necessitated the use of radiation during medical care is not indicated on the certificate, and a malignant neoplasm is reported, place an ampersand preceding the code for the malignant neoplasm.

When a complication of radiation is classifiable to Chapters I-XVI and the condition that necessitated the use of the radiation is not reported, precede the code for the complication with an ampersand.

Examples

I(a) Radiation induced chronic bronchitis 8792 5088
II Carcinoma of trachea &1620
Chronic bronchitis is the complication. Code E8792 and 5088, chronic bronchitis due to radiation. Precede the code for carcinoma of trachea with an ampersand to identify the condition for which the radiation was administered.

Female, 26 years
I(a) Alopecia 7040
(b) Radiation 8792
II Hodgkin"s granuloma &2011
L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

5. Misadventures to patients during surgical and medical care

Except for poisoning, overdose of drug and wrong drug given in error, code most misadventures (accidents or errors) to patients during surgical and medical care to complications of surgical and medical care (996-999) in the nature of injury chapter and to E870-E876 in the Supplementary E Code. Code burns from local applications or irradiation to burns in the nature of injury chapter and to E870-E876 in the E Code chapter. Code trauma from instruments during delivery to Chapter XI and do not use an E Code. A limited number of conditions attributable to misadventure to patient (E870-E876 in the E Code), e.g., serum hepatitis, are classified to Chapters I-XVI.

When a misadventure classifiable to E870-E876 occurred during medical care, do not ampersand the code for the condition that necessitated medical care.

When a condition classifiable to Chapters I-XVI is attributed to a misadventure during medical or surgical care, precede the code for the condition with an ampersand.

Examples

I(a) Cardiac tamponade  4239
(b) Perforation of auricle by catheter  982 &8706
II Therapeutic accident  999
The perforation occurred during a cardiac catheterization.
Code I(b) 982, accidental perforation of organ during a procedure, and E8706, accidental perforation during a heart catheterization.

I(a) Peritonitis  5679
(b) Accidental perforation of  982 &8707
(c) large bowel
II Self-administered tap water enema Line I(b) is a reported misadventure occurring during medical care. Code 982, accidental perforation during a procedure and E8707, accidental perforation during the administration of an enema.

I(a) Burns  490
(b) Radiation therapy  &8732
(c) Ca. esophagus  1509
Code I(a) 490, burns, radiation. Code I(b) E8732, overdose of radiation in therapy.

I(a) Serum hepatitis  &0703
(b) Blood transfusion  8750
(c) Leukemia  2089
Serum hepatitis is a misadventure occurring during a blood transfusion. Code I(a) 0703, serum hepatitis, and I(b) E8750, contaminated substance transfused or infused. Since the serum hepatitis is classifiable to Chapters I-XVI, precede the code for serum hepatitis with an ampersand.
M. Late effects of injuries, poisoning, toxic effects and other external causes

1. 905-909 Late effects of injuries, and poisonings

Use these categories for the classification of injuries and poisonings (conditions in 800-999) if:

a. A condition that is stated to be a late effect or sequela of the condition in 800-999 is reported.

   Date of death 12/1/78
   I(a) Paralysis 16 mos. 079
   II  Acc/ Old head injury 070
   & Acc/ Farm - Date of injury 9-3-78
   Tractor overturned

b. A condition with a duration of 1 year or more that was due to the condition in 800-999 is reported.

c. The condition in 800-999 is stated to be old or the interval between onset of this condition and death is indicated to be 1 year or more, whether or not the residual (late) effect is specified.

   I(a) Chronic pyelitis 5900
   II /Accident/ /2 car collision/ 051
   &9290

   I(a) Quadriplegia 072
   II /Accident/ /2 car collision/ 051
   &9290

   I(a) Fracture cervical spine 051
   II /Accident/ /2 car collision/ 051
   &9290

d. A chronic condition with or without a duration is reported due to condition in 800-999.

Use subcategories 9050-9055 for the classification of fractures if:

a. The fracture is stated to be healed.

   I(a) Healed fractured hip 053
   II  &9293
M. Late effects of injuries, poisoning, toxic effects and other external causes - continued

2. Late effects of external causes (E929, E959, E969, E977, E989, E999)

E929 Late effects of accidental injury (external causes of injuries in E800-E869, E880-E928)
I(a) Subdural hematoma - 1 yr
(b) Fall

E959 Late effects of self-inflicted injury (external causes of injuries in E950-E958)
I(a) Esophageal stricture yrs
(b) Ingestion of lye
II Suicide attempt

E969 Late effects of injury purposely inflicted by another person (external causes of injuries in E960-E968)

E977 Late effects of injuries due to legal intervention (external causes of injuries in E970-E976)

E989 Late effects of injury undetermined whether accidentally or purposely inflicted (external causes of injuries in E980-E988)

E999 Late effects of injury due to war operations (external causes of injuries in E990-E998)
I(a) Chr. bronchitis, emphysema & asthma
(b) Chronic myelopathy
(c) Spinal cord injury 30 years
II Accident

Use the above categories with the appropriate fourth digit for the
M. Late effects of injuries, poisoning, toxic effects and other external causes - continued

Examples

2. Late effects of external causes (E929, E959, E969, E977, E989, E999) - continued

classification of external causes of injury (conditions in E800-E869, E880-E928, E950-E958, E960-E968, E970-E976, E980-E988, E990-E998) if:

a. A condition that is stated to be a late effect or sequela of the external cause is reported.

b. A condition with a duration of 1 year or more that was due to the external cause is reported.

c. An injury that is stated to be old or healed or a malunion of a fracture that was due to the external cause is reported.

d. The interval between the time of occurrence of the external cause and death is indicated to be 1 year or more, whether or not the residual (late) effect is specified.

There are no provisions in the E Code categories to identify late effects of radiation or surgical or medical care. Code late effects of radiation or surgical and medical care to appropriate nature of injury code (9092-9093) and code the E Code for the procedure to E8700-E8799.
<table>
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<tr>
<th>Topic</th>
<th>Page</th>
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<tbody>
<tr>
<td>Abortions</td>
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<td>Acute narcotism</td>
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<tr>
<td>Acute poliomyelitis, late effect of (138)</td>
<td>137</td>
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<tr>
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<td>67</td>
</tr>
<tr>
<td>Adverse effects and misadventures occurring as a result of or during surgical or medical care</td>
<td>191</td>
</tr>
<tr>
<td>Adverse effects due to exposure to radiation during medical care</td>
<td>223</td>
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<tr>
<td>Age limitations</td>
<td>33</td>
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<tr>
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<td>Certifications with mention of nature of injury and without mention of external cause</td>
<td>161</td>
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