



Salem Health

ICD-10 

ICD-10-CM TRAINING
November 26, 2013

**Injuries, Poisonings, and Certain
Consequences of External Causes of
Morbidity**

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Seventh Character

The biggest change in injury/poisoning coding:

- The 7th character requirement for each applicable code.
- Most categories have three 7th character values
 - A – Initial encounter** –Patient receiving active treatment for the condition. Surgical treatment, ER, evaluation and treatment by a new physician (Consultant)
 - D- Subsequent encounter** - Encounters after the patient has received active treatment. Routine care during the healing or recovery phase.
Cast change or removal. Removal of internal or external fixator, medication adjustment, other aftercare follow-up visits following treatment of the injury or condition.
 - S- Sequela** - Complications of conditions that arise as a direct result of a conditions, such as scar formations after a burn. The scars are a sequelae of the burn.

Initial encounter

Patient seen in the Emergency room for initial visit of sprain
deltoid ligament R. ankle

S93.421A

Patient seen by an orthopedic physician in consultation,
2 days after the initial injury for evaluation and care of
sprain

S93.421A

Subsequent encounters

:

Do not use aftercare codes

- Injuries or poisonings
- where 7th characters are provided to identify subsequent care.

Subsequent care of injury – Code the acute injury code
7th character “D” for subsequent
encounter

T23.161D Burn of back of R. hand
First degree- visit for dressing
change

Seventh Character

When using the 7th character of “S” use the injury code that precipitated the injury and code for the sequelae. The “S” is added only to the injury code.

M62.441 Contraction of tendon (sheath) (muscle)
R. hand

S66.021S – Sequelae of laceration of long flexor muscle
fascia and tendon of right thumb at wrist
and hand level

Notice: The type of sequelae is sequenced before the injury code

Injury coding

- Assign a code for each injury unless a combination code is available

Fracture – multiple ribs R. side S22.41X-

Fracture – multiple ribs – bilateral S22.43X-

Superficial bite of the left index finger S60.471-

left ring finger S60.475-

left middle finger S60.473-

left little finger S60.477-

Flail chest

S22.5XXA

Flail chest or **paradoxical breathing**^[1] is a life-threatening medical condition that occurs when a segment of the rib cage breaks under extreme stress and becomes detached from the rest of the chest wall. It occurs when multiple adjacent ribs are broken in multiple places, separating a segment, so a part of the chest wall moves independently. The number of ribs that must be broken varies by differing definitions: some sources say at least two adjacent ribs are broken in at least two places,^[2] some require three or more ribs in two or more places

Flail chest is invariably accompanied by pulmonary contusion, a bruise of the lung tissue that can interfere with blood oxygenation. Often, it is the contusion, not the flail segment, that is the main cause of respiratory failure in patients with both injuries

Chest injury

Multiple codes may be required to code the injury

- Rib fractures
- Pulmonary contusion
- Flail chest
- Injury to blood vessel
- Respiratory failure due to injuries
- Atelectasis - collapse of the lung
- Traumatic subcutaneous emphysema
- Crushing injury of chest

Code all conditions that apply and are documented by the physician

Injury coding

T07 Unspecified multiple injuries should not be used in the inpatient setting unless information for a more specific code is not available.

S00-T14.9 are not to be used for:

- normal, healing wounds
- healing surgical wounds
- to identify complications of surgical wounds –
 - post-op wound/postprocedural infection T81.4x-
 - dehiscence of operative wound – internal/external
T81.31x- T81.32x-
 - dehiscence of laceration internal/external T81.33X-

Superficial injuries

When you have more severe wounds – do not code abrasions or contusions at the same site.

S51.801A Open wound of R. forearm

S50.811A Abrasion of R. forearm

S52.341B Open displaced spiral fracture of
the R. radial shaft, Salter II

S51.801A Open wound of R. forearm

Injury of nerves/blood vessel

When an injury results in **minor injury** to a **peripheral nerve or blood vessel**:

- Primary injury is sequenced first, open wound
Use additional code for: injury to nerve (i.e.S04) Cranial nerve and spinal cord.
Injury to blood vessels (S14)

When the primary injury is a **severe blood vessel and nerve Injury**:

- Primary major blood vessel or nerve injury –
Laceration right radial artery of wrist and hand S65.111-
- Open wound, right wrist S61.511-

Seventh Character

Traumatic fractures:

- Specified sites are coded separately by site, in accordance with S02, S12, S22, S32, S42, S49, S52, S59, S62, S72, S79, S82, S89 and S92 with detail in the medical record content.

A fracture **not specified as open or closed** – is coded to **closed**

A fracture **not indicated whether displaced or non-displaced** will be coded to **displaced**.

Specificity of fractures

Fractures of the femur shaft: (lower, middle and upper third)

ICD-9-CM

open/closed

ICD-10-CM

open/closed

displaced vs nondisplaced

821.01

Closed

Open

S72.301-S72.399- communitied

oblique

segmental

spiral

transverse

Fracture 7th Characters

Use same guidelines for definition of initial treatment:

- Receiving active treatment in the ER, surgery, or evaluation or treatment by a new physician
 - A – Initial encounter for closed fracture
 - B – Initial encounter for open Fracture, type I or II
 - C – Initial encounter for open fracture, Type IIIA,B, or C
- 7th character for initial treatment should be used for a patient receiving **delayed treatment** for the fracture or nonunion.

Fracture - subsequent visits

Use the 7th character for subsequent care after the patient has completed active treatment of the fracture and is receiving routine care for the fracture during the healing or Recovery phase.

- Cast change or removal
- Removal of external or internal fixation device
- Medication adjustment
- Follow-up visits following fracture treatment
- Takes the place of follow-up or orthopedic aftercare codes

M80

Do not use a traumatic fracture code for a patient with:

Known **osteoporosis** who suffers a fracture, even if the patient had a minor fall or trauma, if that fall or trauma would not normally break a normal, healthy bone.

Multiple Fractures

Multiple fractures are sequenced in order of the severity of the fracture.

Open fracture of the right femur

Open fracture of the left radius

Closed fracture of the left humerus

Closed fracture of the left proximal phalanx

Open fractures

Gustilo Grade Definition

- I Open fracture, clean wound, wound <1 cm in length
- II Open fracture, wound > 1 cm in length without extensive soft-tissue damage, flaps, avulsions
- III Open fracture with extensive soft-tissue laceration, damage, or loss or an open segmental fracture. This type also includes open fractures caused by farm injuries, fractures requiring vascular repair, or fractures that have been open for 8 hr prior to treatment
- IIIA Type III fracture with adequate periosteal coverage of the fracture bone despite the extensive soft-tissue laceration or damage
- IIIB Type III fracture with extensive soft-tissue loss and periosteal stripping and bone damage. Usually associated with massive contamination. Will often need further soft-tissue coverage procedure (i.e. free or rotational flap)
- IIIC Type III fracture associated with an arterial injury requiring repair, irrespective of degree of soft-tissue injury.

Types of fractures

- Complete fracture: A fracture in which bone fragments separate completely.
- Incomplete fracture: A fracture in which the bone fragments are still partially joined. In such cases, there is a crack in the osseous tissue that does not completely traverse the width of the bone.
- Linear fracture: A fracture that is parallel to the bone's long axis.
- Transverse fracture: A fracture that is at a right angle to the bone's long axis.
- Oblique fracture: A fracture that is diagonal to a bone's long axis.
- Spiral fracture: A fracture where at least one part of the bone has been twisted.
- Comminuted fracture: A fracture in which the bone has broken into several pieces.
- Impacted fracture: A fracture caused when bone fragments are driven into each other.
- Avulsion fracture: A fracture where a fragment of bone is separated from the main mass.

Fracture types

- Closed (simple) fractures: are those in which the skin is intact
- Open (compound) fractures: involve wounds that communicate with the fracture, or where fracture hematoma is exposed, and may thus expose bone to contamination. Open injuries carry a higher risk of infection.
- Compression fractures: usually occurs in the vertebrae, for example when the front portion of a vertebra in the spine collapses due to osteoporosis (a medical condition which causes bones to become brittle and susceptible
- **Overuse:** Repetitive motion can tire muscles and place more force on bone. This can result in stress fractures. Stress fractures are more common in athletes

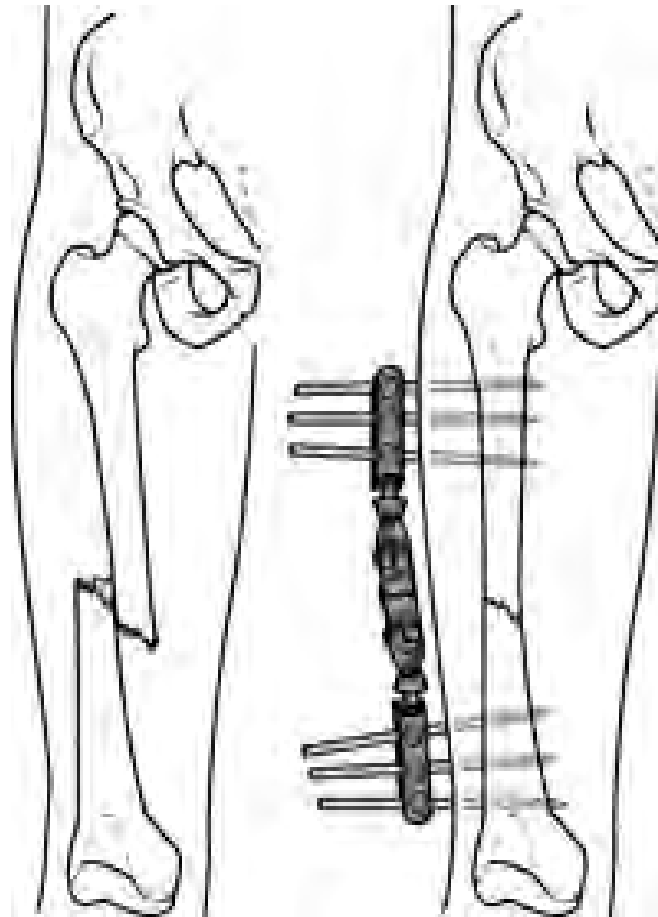
Cause of fractures

- Traumatic fracture - This is a fracture due to sustained trauma. e.g.- Fractures caused by a fall, road traffic accident, fight etc.
- Pathological fracture - A fracture through a bone which has been made weak by some underlying disease is called pathological fracture. e.g.- a fracture through a bone weakened by metastasis. Osteoporosis is the most common cause of pathological fracture.

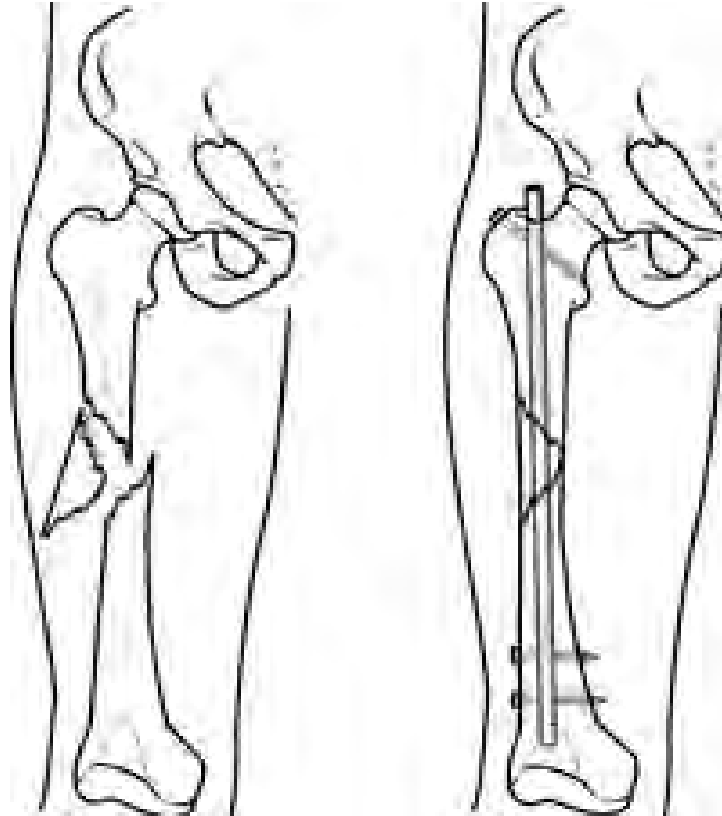
Displaced Fractures

- Fracture care considerations are displacement (fracture gap) and angulation.
- If angulation or displacement is large, *reduction* (manipulation) of the bone may be required and, in adults, frequently requires surgical care. These injuries may take longer to heal than injuries without displacement or angulation

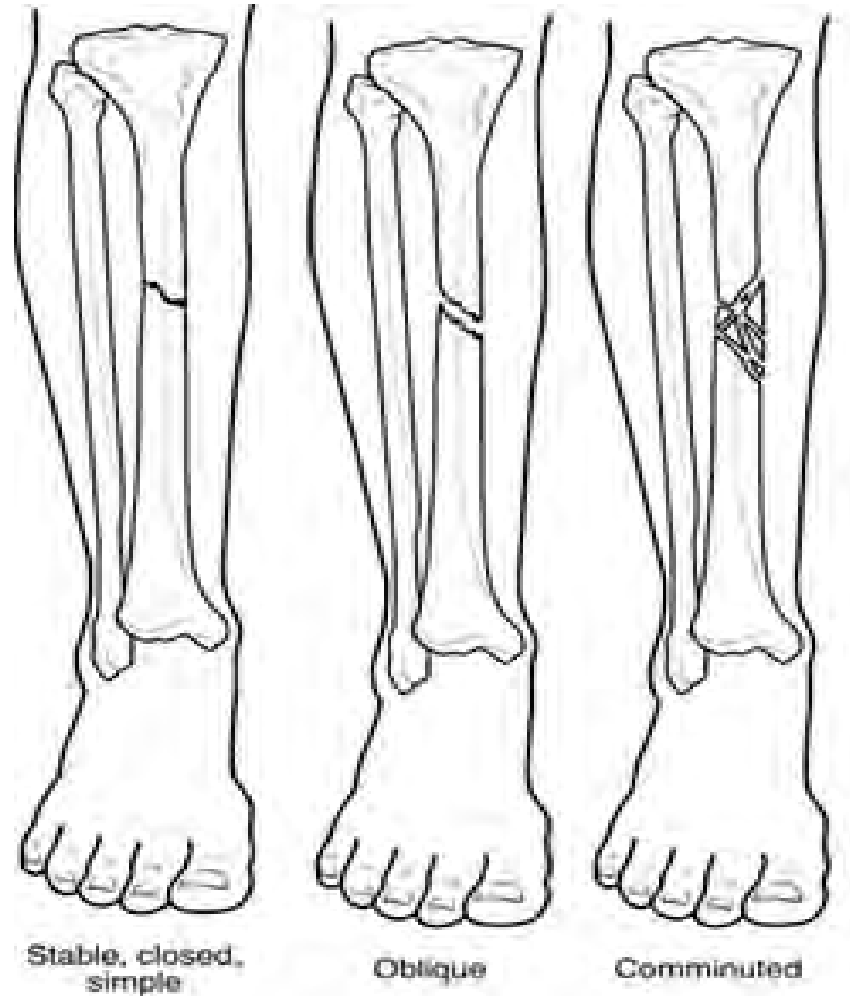
Displaced fracture



Displaced Fracture



Fractures



Spinal fracture

- Cervical fracture
 - Fracture of C1, including Jefferson fracture
 - Fracture of C2, including Hangman's fracture
 - Flexion teardrop fracture - a fracture of the anteroinferior aspect of a cervical vertebral
 - Clay-shoveler fracture - fracture through the spinous process of a vertebra occurring at any of the lower cervical or upper thoracic vertebrae
 - Burst fracture - in which a vertebra breaks from a high-energy axial load
 - Compression fracture- a collapse of a vertebra, often in the form of wedge fractures due to larger compression anteriorly.
 - Chance fracture - compression injury to the anterior portion of a vertebral body with concomitant distraction injury to posterior elements
 - Holdsworth fracture - an unstable fracture dislocation of the thoracolumbar junction of the spine

Skull fracture

- Basilar skull fracture-Ethmoid and frontal sinus S02.19x-
orbital roof, sphenoid, base of skull
- Blowout fracture - a fracture of the walls or floor of the orbit
- Mandibular fracture
- Nasal fracture
- Le Fort fracture of skull - facial fractures involving the maxillary bone and surrounding structures in a usually bilateral and either horizontal, pyramidal or transverse way

Radius fracture

- Essex-Lopresti fracture - a fracture of the radial head with concomitant dislocation of the distal radio-ulnar joint with disruption of the interosseous membrane.
- Distal radius fracture
 - Galeazzi fracture - a fracture of the radius with dislocation of the distal radioulnar joint
 - Colles' fracture - a distal fracture of the radius with dorsal (posterior) displacement of the wrist and hand
 - Smith's fracture - a distal fracture of the radius with volar (ventral) displacement of the wrist and hand
 - Barton's fracture - an intra-articular fracture of the distal radius with dislocation of the radiocarpal joint.

Hand fracture

- Scaphoid fracture
- Rolando fracture - a comminuted intra-articular fracture through the base of the first metacarpal bone
- Bennett's fracture - a fracture of the base of the first metacarpal bone which extends into the carpometacarpal (CMC) joint.
- Boxer's fracture - a fracture at the neck of a metacarpal

Complications of Surgical procedures

Code to the appropriate complication code.

T84.115A Breakdown of internal fixation device of left femur

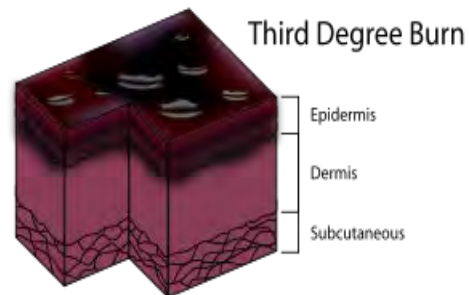
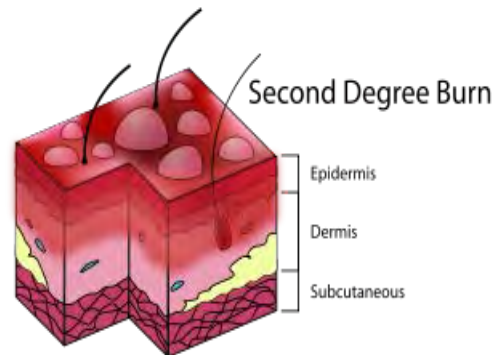
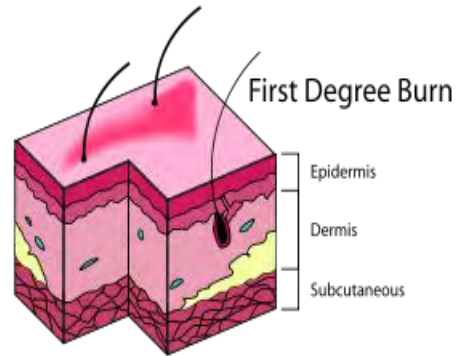
T84.621A Infection due to internal fixation device of left femur

Complication of care of fractures

Malunion and nonunion should be reported with the appropriate 7th character for subsequent care:

- K – Subsequent encounter for fracture with nonunion
- M – subsequent encounter for open fracture, type I or II with nonunion
- N – subsequent encounter for open fracture, type IIIA, IIIB, or IIIC with nonunion
- P – Subsequent encounter for fracture with malunion
- Q – Subsequent encounter for open fracture, type I or II with malunion
- R – Subsequent encounter for open fracture, type IIIA, IIIB, or IIIC with malunion

BURNS



Burns and corrosions

ICD-10-CM separates:

- Burns – Thermal burns (except sunburn) from a heat source-fire or hot appliance. Burns from electricity and radiation.

T22.311A Third degree burn of right forearm, initial

- Corrosions – Burns due to chemicals.

T22.511A First degree corrosion of right forearm

Guidelines are the same for burns and corrosions

Classification of Burns

Burns are categorized by:

Depth:

First degree – erythema

Second degree – blistering

Third degree – full-thickness

Fourth degree - involves injury to deeper tissues, such as muscle or bone.

Burns of the eye and internal organs (T26-T28) are classified by site and not by degree

Thermal burns

In the United States, fire and hot liquids are the most common causes of burns. Of house fires that result in death, smoking causes 25% and heating devices cause 22%. Almost half of injuries are due to efforts to fight a fire. Scalding is caused by hot liquids or gases and most commonly occurs from exposure to hot drinks, high temperature tap water in baths or showers, hot cooking oil, or steam. Scald injuries are most common in children under the age of five and, in the United States and Australia, this population makes up about two-thirds of all burns. Contact with hot objects is the cause of about 20-30% of burns in children. Generally, scalds are first or second degree burns, but third degree burns may also result, especially with prolonged contact. Fireworks are a common cause of burns during holiday seasons in many countries. This is a particular risk for adolescent males.

Chemical burns

Chemicals cause from 2 to 11% of all burns and contribute to as many as 30% of burn-related deaths. Chemical burns can be caused by over 25,000 substances, most of which are either a strong base (55%) or a strong acid (26%). Most chemical burn deaths are secondary to ingestion. Common agents include: sulfuric acid as found in toilet cleaners, sodium hypochlorite as found in bleach, and halogenated hydrocarbons as found in paint remover, among others. Hydrofluoric acid can cause particularly deep burns which may not become symptomatic until some time after exposure. Formic acid may cause the breakdown of significant numbers of red blood cells.

Electrical burns

- Electrical burns or injuries are classified as high voltage (greater than or equal to 1000 volts), low voltage (less than 1000 volts), or as flash burns secondary to an electric arc. The most common causes of electrical burns in children are electrical cords (60%) followed by electrical outlets (14%). Lightning may also result in electrical burns. Risk factors for being struck include involvement in outdoor activities such as mountain climbing, golf and field sports, and working outside. Mortality from a lightning strike is about 10%.
- While electrical injuries primarily result in burns, they may also cause fractures or dislocations secondary to blunt force trauma or muscle contractions. In high voltage injuries, most damage may occur internally and thus the extent of the injury cannot be judged by examination of the skin alone. Contact with either low voltage or high voltage may produce cardiac arrhythmias or cardiac arrest.

Radiation burns

Radiation burns may be caused by protracted exposure to ultraviolet light (such as from the sun, tanning booths or arc welding) or from ionizing radiation (such as from radiation therapy, X-rays or radioactive fallout). Sun exposure is the most common cause of radiation burns and the most common cause of superficial burns overall. There is significant variation in how easily people sunburn based on their skin type. Skin effects from ionizing radiation depend on the amount of exposure to the area, with hair loss seen after 3 Gy redness seen after 10 Gy, wet skin peeling after 20 Gy, and necrosis after 30 Gy. Redness, if it occurs, may not appear until some time after exposure. Radiation burns are treated the same as other burns. Microwave burns occur via thermal heating caused by the microwaves. While exposures as short as two seconds may cause injury, overall this is an uncommon occurrence.

Burn Sequencing

Sequence first the code that reflects the highest degree of burn when more than one burn is present

Third degree burn of left forearm T22.312A

Second degree of left wrist T23.272A

First degree burns of left fingers T23.132A

Burn Sequencing

- When the encounter is for treatment of internal and external burns, the circumstances of admission determine the selection of principal diagnosis.
- When a patient is admitted for burns and other related conditions, such as smoke inhalation and/or respiratory failure, the circumstances of admission govern the selection of principal diagnosis.

J96.01 Acute respiratory failure

J70.5 Smoke inhalation from house fire

T21.22XA Second degree burns of the abdominal wall

T21.21XA Second degree burns of the chest wall

T31.30 0% Third degree burns

You will notice there is no encounter 7th character on the degree of burn code.

Burns of the same site

When you have burns of the same local site within the three-character category level (T20-T28) with different degrees to the subcategory level code to the highest degree documented.

T20.34XA Third degree burns of nose

T20.64XA Second degree burns of nose

Code to the highest level of burn for this site.

Non-healing/Infected burns

Non-healing Burns

- Burns which are not healing are considered to be acute burns
- Necrosis of burned skin is considered to be non-healing

Infected Burns

- When there is documentation of a burn with infection
- Use an additional code for the infection

Burns of Multiple sites

Assign a separate code for each burn site.

T30 Burns unspecified should rarely be used

Code to specific site with specification of severity of burn

- Code most severe burns first - 3rd degree burns.
2nd degree burns
1st degree burns

Extent of Body surface

Burns - T31

Corrosions – T32

Two circumstances to use extent of body surface

- When the site of the burn is not specified
- When there is need for additional data

Burn units use T31 for reporting purposes when there is mention of a 3rd degree burn involving 20% or more of body surface

Rule of Nines

To estimate body surface burned:

- Head and neck 9%
- Each arm 9%
- Each leg 18%
- Anterior trunk 18%
- Posterior trunk 18%
- Genitalia 1%

% may be changed on infants and patients who have large thighs, buttocks or abdomen that are involved in burns.

Sequelae of burns treatment

You may code 7th character of “A” or “D”
with
“S”

When both a current burn and sequela of an old burn exist.

Burns do not heal at the same rate and a current healing burn may still exist with sequela of a healed burn or corrosion.

External cause code

Use an external cause code to identify

- The source and intent of the burn
- The place where it occurred



Burned during house fire	X02.0XXA
In the kitchen (home) which is an apartment initial encounter	Y92.030A

Adverse effects, Poisoning Underdosing and toxic effects

Rules for coding:

- T36-65 category codes have combination codes that include the substance that was taken and the intent. This is different from ICD-9-CM where we had a code for the drug taken and intent and an external cause code

No external cause codes in ICD-10-CM

Rules for coding

- Do not code directly from the table
- Use as many codes to necessary to describe all the drugs, medicinal or biological substances
- If one code describes a causative agent, assign the code only once
- If two or more drugs are reported, code each individually unless a combination code is listed in the table

Adverse effects of drugs

It is considered to be an adverse effect:

- Correctly prescribed
- Properly administered

Assign the correct code for the nature of the adverse effect followed by the appropriate code for the adverse effect of the drug.

tachycardia, delirium, GI hemorrhage, hypokalemia
vomiting, renal failure, hepatitis, etc

T36-T50 – The code for the drug should have a 5th and 6th

Character of “5”

T36.0X5-

7th character of the code denotes the occurrence

Poisoning (reaction)

Code a poisoning:

- Improper use of a medication – T36-T50
overdose
wrong substances given or taken in error
wrong route of administration

The poisonings have an associated intent as their 5th or 6th

Character -

- Accidental
- Intentional self harm
- Assault
- Undetermined

Poisoning (reaction)

Examples of poisonings:

- Error made in drug prescription/administration of the drug
- Overdose of a drug taken intentionally resulting in a drug toxicity
- Nonprescribed drug taken with correct prescribed and properly administered drug – interaction of the 2 drugs would be considered to be a poisoning
- Interaction of drugs and alcohol

Poisoning (reaction)

Use an additional code for all manifestations of poisonings.

Example. Acute liver failure due to overdose of Tylenol

Overdose of tylenol T39.1X2-
Acute liver failure K72.90

Code also the abuse or dependence of the substance if applicable.

Methamphetamine overdose T43.621-
Methamphetamine dependence F15.20

Underdosing

Taking less of a medication than is prescribed by a provider or manufacturer's instruction.

T36.0X6- 5th or 6th character of the code is 6

Noncompliance Z91.12- to Z91.13-

Complication of care Y63.6- to Y63.9 intent of harm

Y63.6 Underdosing and nonadministration of drug

Y63.8 Failure in correct dosage during medical care

Toxic effects of drugs

When a harmful substance is ingested or comes in contact with a person, this is classified as a toxic effect.

T51-T65

Toxic effects codes have an associated intent:

- Accidental
- Intentional self harm
- Assault
- undetermined

Adult and Child abuse, neglect other maltreatment

Sequencing:

- **T74.-** Adult and child abuse, neglect and maltreatment, **confirmed**
- **T76.-** Adult, child abuse, neglect and maltreatment, **suspected**

Code for the mental health or injury code

Default - code as confirmed if documented in the health record

Code **suspected** when documented as suspected.

Adult and Child abuse, neglect other maltreatment

Use an additional code:

*External cause code for assault –
confirmed cases – X92 – Y08
Perpetrator of abuse if known – Y07*

*For suspected cases do not add the external cause or
perpetrator codes.*

If a suspected case is ruled out Z04.71 Encounter for examination
and observation following
alleged adult physical abuse, ruled out

Z04.72 – encounter for examination and
observation following alleged child abuse
ruled out

Do not use a code from T76

Complications of Care

Most complications of medical care are found in the body system chapters of the codebook with codes specific to the organs and structures of that body system.

- Intraoperative
- Postprocedural

Sequence these codes first (Body system chapter codes)
Follow with specific complication if applicable.

Complications of Care

Pain due to medical devices, implants and grafts:

- Left during a surgical procedure – Hip prosthesis, pins
- Pain due to medical devices – T code

Use additional code from G89 to identify

acute postprocedural pain G89.18

chronic postprocedural pain G89.28

Transplant complications

T86

- Use for both complications and rejection of transplanted organs
- Use if complication affects the function of the organ

Two codes are required to describe a complication

- T86
- A code to identify the complication

Pre-existing conditions or conditions that develop after the Transplant are not coded as complications unless they affect the function of the organ.

Kidney transplant complications

Patient that have undergone a kidney transplant:

- May still have some form of CKD as the transplant may not fully restore the kidney function

T86.1- Documented complication of a kidney transplant

Transplant failure

Rejection of other complication

T86.1- should not be used for post-kidney transplant patients who have CKD unless a complication of failure or rejection is documented

If uncertain, query the provider.

Kidney transplant complications

Conditions that affect the function of the transplanted organ,
other than CKD:

Code T86.1-

Code for the complication

For patients with CKD following a kidney transplant, but
who do not have a complication such as failure or
rejection, see CKD and kidney transplant status

CKD Stage III

N18.3

Kidney Transplant status

Z94.0

Complications that include external cause

Some of the complications of care codes have external causes.

- Code the nature of the complication
- Type of procedure that caused the complication

No external cause codes indicating the type of procedure is needed

External cause of Morbidity

To provide data for injury research and evaluation of injury Prevention.

These codes capture:

- How the injury happened,
- Intent (nonintended (accident) or intentional (suicide, assault))
- Place of occurrence
- Activity of the patient at the time of injury or event
- Status of the patient

External cause of Morbidity

There is no national requirement for mandatory external cause code reporting.

State reporting mandates if you have to code external cause codes.

In Oregon we have to report these codes for statistical purposes.

External cause of Morbidity

- Use with Codes A00.0-T88.9 and Z00-Z99
Mostly applicable to injuries – but also for infections, diseases due to an external source. May use for a heart attack due to physical activity.
- Use for length of treatment of injury
Use for entire time patient is being treated for a injury or condition.

External cause of Morbidity

- Use the full range of codes
 - Cause, intent, place, activity and patient status
- Assign as many codes as needed to fully explain each cause
- The alphabetical index guides the selection of the code with includes and excludes notes in the tabular listing
- External cause codes can never be the principal diagnosis
- Combination codes are available
 - Fall with striking an object - due to either or both
- No external cause in certain circumstances- if included in a code in a previous chapter – Poisoning, accidental T36.0X1-

Place of occurrence Y92

A place of occurrence code is only used once, at the initial encounter for treatment.

Do not use place of occurrence Y92.9 for unspecified place of occurrence.

Only one place of occurrence

Activity code Y93

Describe the activity of the patient at the time the injury or other health condition occurred.

Use an activity code only once for the initial encounter.

Only one activity code per record.

Do not assign if activity is unknown

A code from Y93 is appropriate to use with external cause and intent codes if identifying the activity provides further information about the event.

Multiple external cause codes

Code only one per visit after the main external cause code.

- Place of occurrence
- Activity
- external cause status

If reporting format limits the number of external cause codes:

Report the codes for the cause/intent most related to the principal diagnosis

Report cause/intent codes including medical misadventures rather than codes for place, activity or external cause.

Multiple External Cause codes

The assignment of external cause codes should be sequenced in the following priority:

If two or more events cause separate injuries, an external cause code should be assigned for each cause. The first listed code will be selected in the following order:

- Adult and child abuse code take priority over all other external cause codes.
- Terrorism events
- Cataclysmic events
- Transportation accidents
- Activity and external cause status

The first listed external cause codes should correspond to the cause of the most serious diagnosis due to an assault, accident, self harm following the list of hierarchy above.

Child and Adult abuse

Adult and child abuse, neglect and maltreatment are classified as an assault.

Unknown or Undetermined intent

If the intent of the cause of the injury or other condition is unknown or unspecified, code the intent as accidental intent.

- All transport accidents are considered to be accidental.
- Undetermined intent is used only if the documentation states the intent cannot be determined.

Sequelae of External causes

Use the 7th character of “S”

- A sequela should never be used with a related current nature of injury
- Use a late effect external cause code for subsequent visit when a late effect is being treated.

Do not use for subsequent visits for follow-up care to assess healing, to receive rehab of the injury when no late effect of the injury has been documented.

Terrorism Guidelines

When the Federal Government (FBI) has identified terrorism as a cause of an injury:

- First-listed external cause code Y38 – Terrorism
- More than one Y38 may be assigned if the injury is the result of more than one mechanism of terrorism
- Use additional code for place of occurrence Y92

Terrorism by definition (from codebook) is “The unlawful use of force or violence against persons or property to intimidate or coerce a government, the civilian population, or any segment , in furtherance of political or social objective.

Suspected Terrorism

Do not use Y38 for suspected terrorism.

Code as assault

Secondary effects of Terrorism

Assign code Y38.9 – Terrorism secondary effects for conditions occurring subsequent to the terrorist event.

This code is not for the initial terrorist act

Assign a code from Y38.9 – secondary effects with another Y38 code if there is an injury due to the initial terrorism event and an injury that is a subsequent result of the terrorism event.

External cause status

Y99

The work status of the person at the time of the event

- Military activity – Y99.1
- A non-military person was at work – Y99.0
- Individual including students or volunteer was involved in a non-work activity at the time of the causal event

Volunteer – Y99.2

Other – student – Y99.8

The code should be assigned when applicable:

- Transport accidents
- Falls
- Other injuries while working

External cause status

Y99 – External cause status should be assigned whenever another external cause code is assigned for an encounter except in certain circumstances:

- A status is not known
- For the initial encounter of treatment

The external cause status code is not applicable:

- Poisonings, adverse effects, misadventures or late effects
- When no other external cause codes are applicable

External cause codes

Fall from slide while playing on the playground

W09.0 Fall from playground slide

Y93.83 Activity – rough housing

Y92.211 Place of occurrence – elementary school

Y99.8 External cause – other – student activity

Collision with co-worker while at work

W03.XXXA Fall on the same level with collision with person

Y92.238 Place of occurrence – Hospital-other place

Y93.01 Activity - walking

Y99.0 Civilian activity done for income or pay

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REFERENCES

- CMS: <http://www.cms.gov/Medicare/Coding/ICD10/index.html>
- AHIMA: <http://www.ahima.org/>
- AAPC: <http://www.aapc.com/>
- ACDIS: <http://www.hcpro.com/acdis/index.cfm>
- HCPro Just Coding: <http://www.justcoding.com/>

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QUESTIONS?