

## APPENDIX V: Assigning ICD- 9 codes

1. Skull and facial fractures (800-804)
  - a. Classify first by site, then by open vs. closed, then with or without intracranial injury
    1. Fractures involving the frontal or parietal bones are coded as fractures to the vault of the skull (category 800).
    2. Fractures involving the occipital, temporal or sphenoid bones, or involve the ethmoid or frontal sinus or the orbital roof are coded as fractures to the base of the skull (category 801).
    3. Fractures to the orbit can result in the use of up to 3 codes:
      1. Fractures to the roof of the orbit should be coded using category 801.
      2. Fractures to the floor of the orbit should be coded using 802.6 or 802.7.
      3. Fractures to the wall of the orbit should be coded using 802.8 or 802.9.
    4. Do not confuse the mandible (jaw) with the maxilla. Fractures of the mandible should be coded using categories 802.2 or 802.3. Fractures of the maxilla should be coded as 802.4 or 802.5.
  - b. For head injuries that involve both a skull fracture and an intracranial injury, use categories 800 and 801. For example, a closed skull fracture (frontal bone) with an epidural hematoma with brief loss of consciousness should be coded as 800.22 not as 800.02 and 852.42. Provide the details about both the skull fracture (which bones involved) and the intracranial injury (cerebral laceration, cerebral contusion, subarachnoid, subdural, or epidural hemorrhage, etc.) in the written diagnosis description.
  - c. For categories 800, 801, 803, and 804, use the 5<sup>th</sup> digit to indicate change in level of consciousness. If the patient has a skull fracture, do not use category 850 to describe the level of consciousness! Use the appropriate 5<sup>th</sup> digit to the 800, 801, 803 or 804 code. Make sure the 5<sup>th</sup> digit is the same for all the codes in these categories that have been assigned.
2. Intracranial injury excluding skull fracture (850-854)
  - a. If the patient has a skull fracture, do not use these codes! (See 1b above)
  - b. Use the appropriate codes for subarachnoid (852.0 or 852.1), subdural (852.2 or 852.3) and epidural (852.4 or 852.5) hemorrhage.
  - c. For diffuse axonal injury or shear injury, use category 854 (intracranial injury of other and unspecified nature). Provide details in the written diagnosis description.
  - d. For cerebral edema, use category 854 (intracranial injury of other and unspecified nature). Provide details in the written diagnosis description.
  - e. Do not use category 850 if there are specific anatomic lesions that can be coded. If a specific anatomic lesion can be coded, use the appropriate code with the 5<sup>th</sup> digit to indicate the level of consciousness.
  - f. Do not use 854 for concussion or change in consciousness. Use 854 only when a documented intracranial lesion can be identified. For concussion, use 850.
  - g. If the only diagnosis is "CHI" (no mention of concussion, skull fracture, or intracranial injury), use the non-specific code 959.1.
  - h. According to the ICD-9-CM coding manual, pneumocephalus should be coded to 348.8.

### 3. Orthopedic injuries

#### a. Fractures

1. For bone fractures, pay attention to location (proximal, midshaft, distal, etc.), and open vs. closed. (Proximal = upper end, Distal = lower end). There are specific codes for each of these.
2. Fractures not specified as open or closed are coded as closed if no further information is available.
3. Fracture-dislocations are coded to the fracture. Do not include a second code for the dislocation.
4. **IMPORTANT:** The codes 808.43 and 808.53 (multiple pelvic fractures with disruption of the pelvic circle) are used to identify index cases. An index case is one that requires either transfer or consultation with a Level I facility. If the injury does not result in a severe disruption of the pelvic circle, do not use these codes.
5. When coding vertebral fractures, consider whether or not there is an associated injury to the spinal cord. For vertebral fractures with NO spinal cord injury, use category 805. For vertebral fractures WITH spinal cord injury, use category 806. If there is a spinal cord injury with NO vertebral fracture, use category 952.

#### b. Coding for multiple fractures

1. Multiple fractures of specified sites are coded individually by site in accordance with both the provisions within categories 800-829 and the level of detail furnished by medical record content. Combination categories for multiple fractures are provided for use when there is insufficient detail in the medical record.
2. Multiple unilateral or bilateral fractures of the same bone but classified to different bone part (4<sup>th</sup> digit subdivisions) within the same three-digit category are coded individually by site.
3. Multiple fracture categories 819 and 828 classify bilateral fractures of both upper limbs (819) or both lower limbs (828), but without any detail at the 4<sup>th</sup> digit level other than open and closed types of fractures.

#### c. Dislocations

1. Classify first by site, then by open vs. closed, then by specified joint.
2. If a fracture occurs at the same site, do NOT code the dislocation separately.

### 4. Injuries to the chest and thoracic organs

#### a. Pneumothorax

1. Remember that there are separate codes for pneumothorax (860.0 and 860.1), hemothorax (860.2 and 860.3) and pneumohemothorax (860.4 and 860.5). Try to be as specific as possible.

#### b. Rib fractures

1. When multiple rib fractures are involved and a flail chest is present, use 807.4.

#### c. Hemopericardium

1. Use 860.2 or 860.3.

#### d. Cardiac contusion vs. pulmonary contusion

1. Be sure to use the appropriate codes for cardiac contusion (861.01 or 861.11) vs. pulmonary contusion (861.21 or 861.31).

### 5. Injuries to abdominal and pelvic organs

- a. For injuries to the liver, spleen and kidney, code to the appropriate level of severity of the injury using the 5<sup>th</sup> digits.

- b. For liver injuries: Grade I = minor, Grade II and III = moderate, Grade IV and V=major.
    - 1. **IMPORTANT:** The codes 864.04 and 864.14 (closed or open major laceration to the liver) are used to identify index cases. Use these codes only if the injury is severe!
  - c. Retroperitoneal hematoma should be coded as 868.04 (without open wound) or 868.14 (with open wound).
  - d. Injuries to the mesentery should be coded as 863.89 (without open wound) or 863.99 (with open wound).
  - e. Stab wounds or other penetrating injuries to the abdomen with no other specific information about injuries to the intra-abdominal organs should not be coded in categories 863-869. Categories 863-869 are for injuries to abdominal and pelvic organs. With no further injuries identified, code a penetrating wound to the abdomen as 879.2-879.5 (open wounds of the abdominal wall).
6. Burns
- a. Burns (940-948) are classified by depth, extent and by agent (E-code). By depth, burns are classified as 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> degree.
  - b. Classify burns of the same local site but of different degrees to the subcategory identifying the highest degree recorded in the diagnosis.
  - c. When coding multiple burns, assign separate codes for each burn site. Category 946 (Burns of multiple specified sites) should only be used if the locations of the burns are not documented.
  - d. Use category 948 as an additional code to report the total body surface area burned and the percent of body surface with third degree burn. In assigning a code from category 948:
    - 1. 4<sup>th</sup> digit codes are used to identify the percentage of total body surface involved in a burn (all degree)
    - 2. 5<sup>th</sup> digit codes are assigned to identify the percentage of body surface involved in third-degree burn.
    - 3. 5<sup>th</sup> digit zero (0) is assigned when less than 10 percent or when no body surface is involved in a third-degree burn.
7. Other considerations
- a. **Codes used to identify index cases:**
    - 1. 808.43 and 808.53 (multiple pelvic fractures with disruption of the pelvic circle)
    - 2. 864.04 and 864.14 (major laceration of the liver)
    - 3. 901.0 and 902.0 (injuries to the thoracic or abdominal aorta)

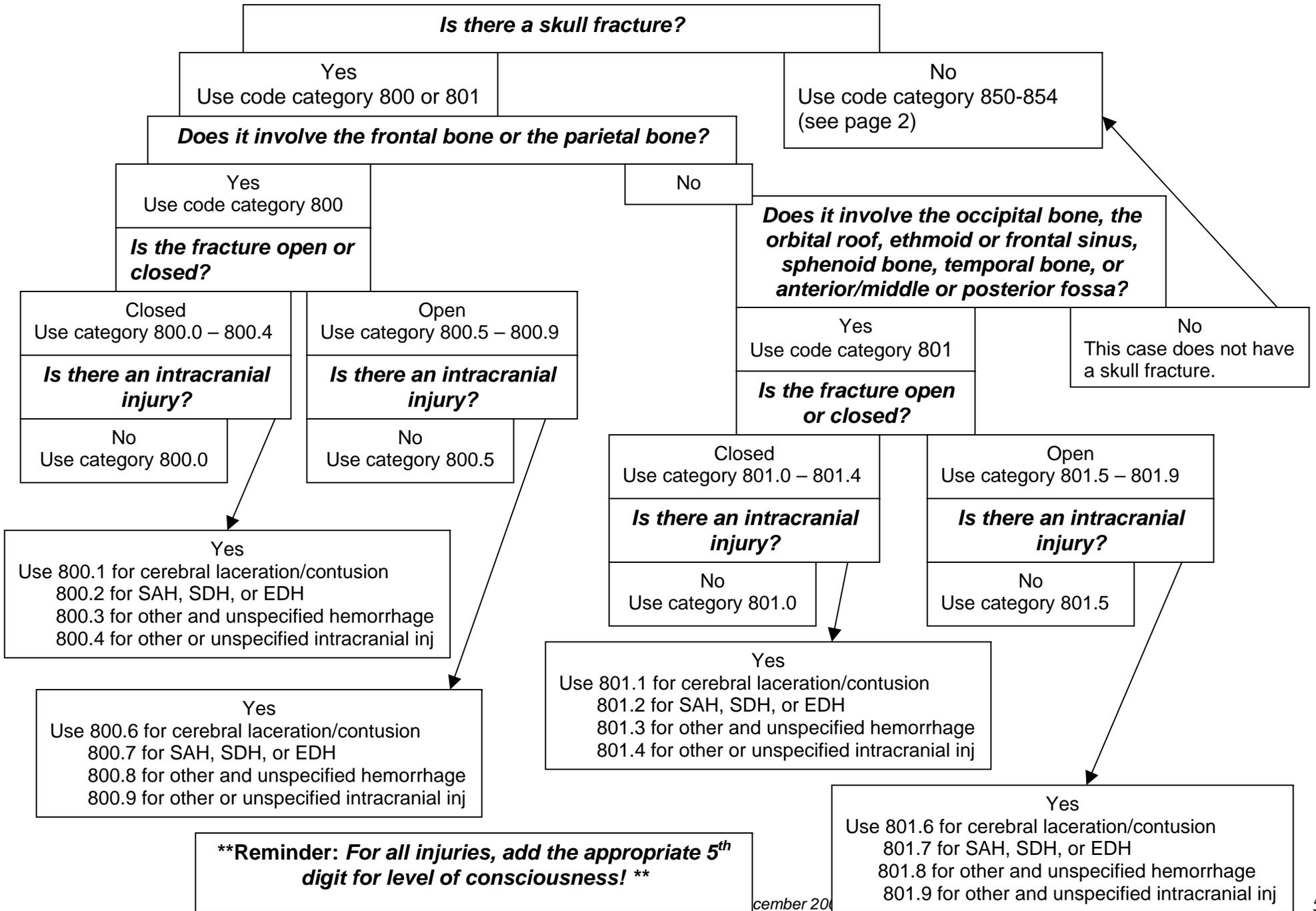
By trauma system rules, care of patients with these injuries requires consultation with or transfer to a Level I trauma center. Use these codes appropriately!
  - b. For open wounds, “complicated” means delayed healing, delayed treatment, infection or presence of a foreign body.
  - c. Codes to consider:
    - 1. 994.1 effects of drowning and non-fatal submersion
    - 2. 994.7 effects of asphyxiation and strangulation
8. Coding for multiple injuries
- a. When coding multiple injuries such as a fracture of the tibia and fibula, assign separate codes for each injury unless a combination code is provided, in which case the combination code is assigned. Multiple injury codes are provided in the ICD-9-CM, but should only be used if information for a more specific code is not available.

- b. Superficial injuries such as abrasions or contusions are not coded when associated with more severe injuries of the same site.
- c. When a primary injury results in minor damage to peripheral nerves or blood vessels, the primary injury is sequenced first with additional code(s) from categories 950-957 and/or 900-904. When the primary injury is to the blood vessels or nerves, that injury should be sequenced first.

**COLORADO SPECIFIC “RULES” (based on 2/25/05 discussion)**

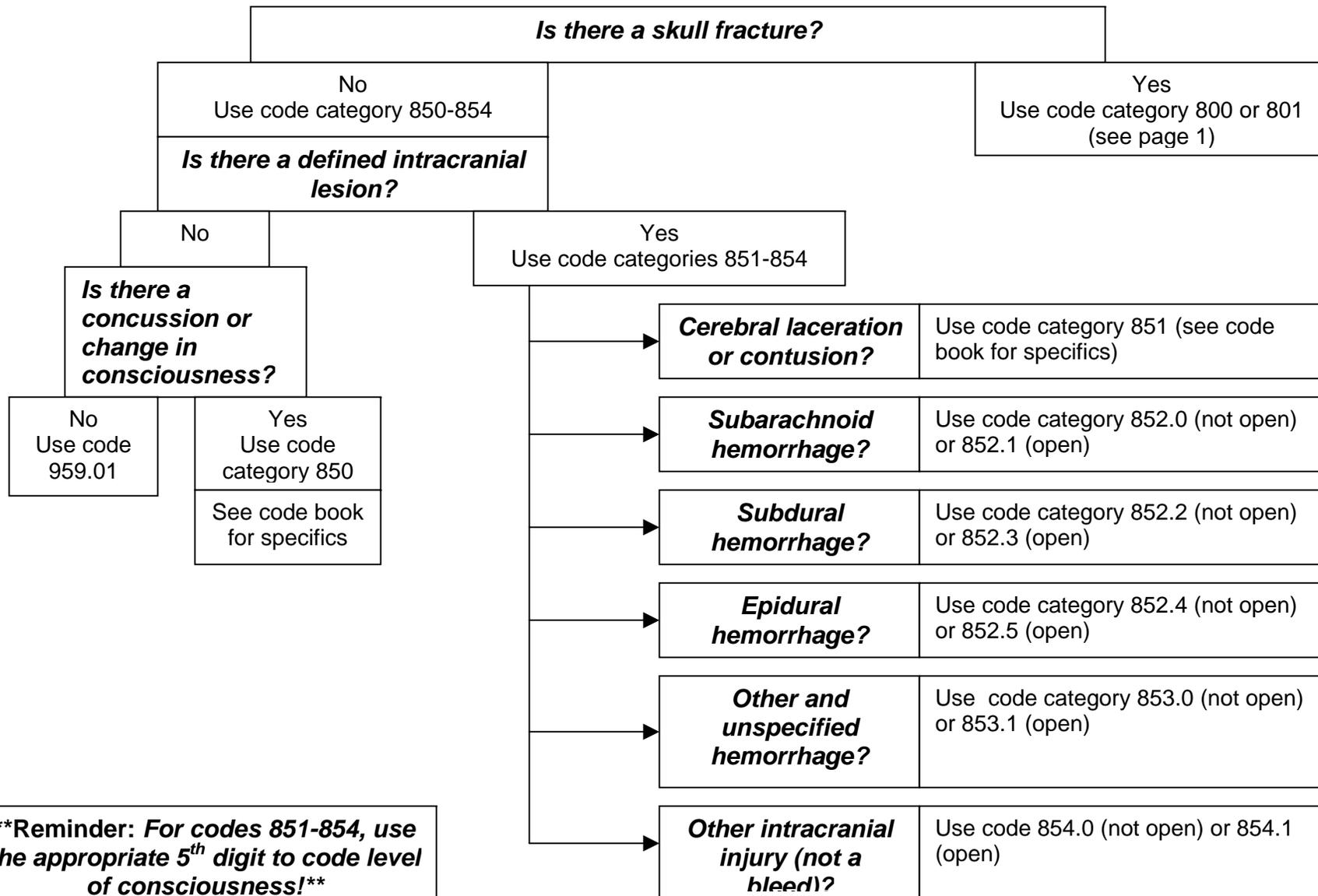
- 1. Pneumocephalus should be assigned the ICD-9-CM code of 348.8.
- 2. An open skull fracture requires penetration of the dura. If the dura is intact, the skull fracture is considered closed.
- 3. If the patient has both vault and basilar skull fractures with an intracranial injury and there is no specific information that connects a specific skull fracture with a specific intracranial injury, code the intracranial injury to the combination codes of vault fracture + intracranial injury (800.1-800.4 or 800.6-800.9) and the basilar skull fracture separately. If information is available that identifies that the intracranial injury is clearly associated with the basilar skull fracture, then code basilar skull fracture + intracranial injury (801.1-801.4 or 801.6-801.9) and the vault skull fracture separately.

# HEAD INJURY DECISION TREE



**\*\*Reminder: For all injuries, add the appropriate 5<sup>th</sup> digit for level of consciousness! \*\***

## HEAD INJURY DECISION TREE (PAGE 2)



**\*\*Reminder: For codes 851-854, use the appropriate 5<sup>th</sup> digit to code level of consciousness!\*\***

