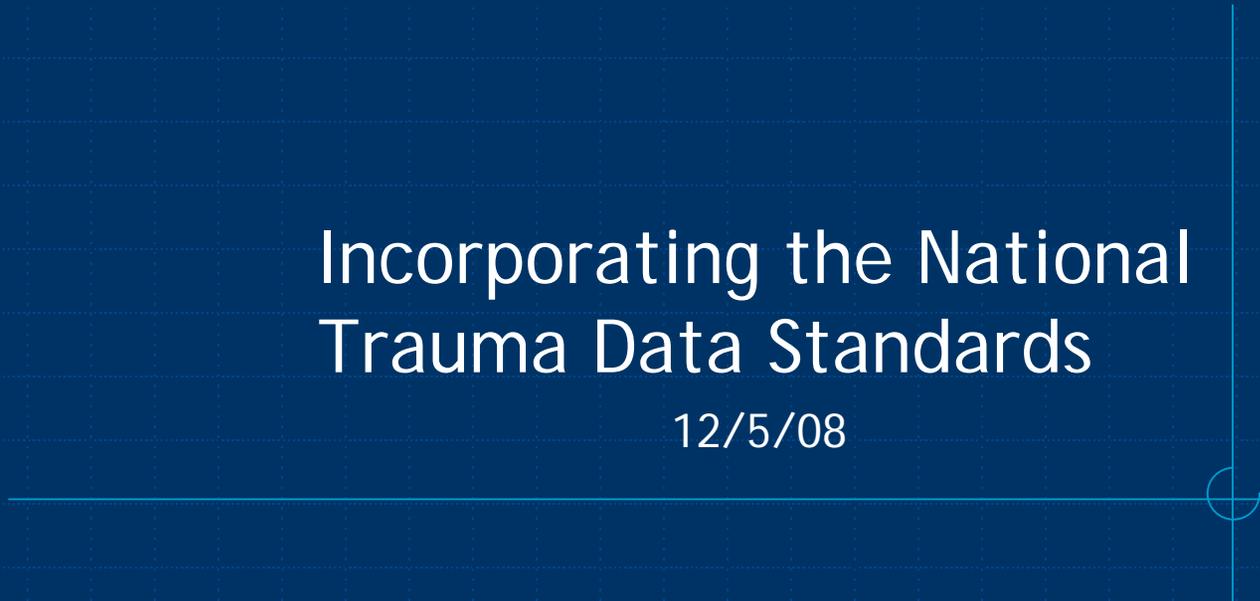


Updates to the Colorado Trauma Registrar's Manual

Incorporating the National
Trauma Data Standards

12/5/08



Purpose of this session

- Review changes to the trauma registry manual posted in August 2008
- Highlight differences between Colorado's trauma registry dictionary and the National Trauma Data Standards (NTDS)
- Review details on a few specific variables

Colorado Trauma Registry Manual

- Identifies the variables that are required to be downloaded to the state registry
- Posted to the web at www.cdphe.state.co.us/em/trauma/Registry/index.html
- Includes facility and agency coding lists
- Information from past trainings are also posted to this website

National Trauma Data Standards Dictionary

- Posted to the web at www.ntdsdictionary.org/dataElements/datasetDictionary.html
- Provides a description of all the variables in the NTDS
- Provides definitions for terms and information on how calculated fields are generated

Updated Colorado TR Manual

- Updated in 2008 to incorporate variables from NTDS
- Added variables include:
 - Alternate home residence
 - Patient's second race
 - Patient's ethnicity
 - City where the incident occurred
 - Country where the incident occurred

Updated Colorado TR Manual

- Added variables include:
 - Work-related
 - Patient's Occupation
 - Patient's Occupation Industry
 - Airbag deployment
 - Child specific restraint
 - Drug use indicator
 - Trauma Team Activation*
 - Total ventilator days

*Not included in NTDS

Updated Colorado TR Manual

- Added variables include:
 - Full AIS code
 - AIS Version
 - Initial ED/Hospital respiratory assistance
 - Oxygen saturation
 - Supplemental oxygen
 - Temperature
 - Transport Record Number*
 - Referring Registry Number*

*Not included in NTDS

Updated Colorado TR Manual

- Added variables include:
 - Procedure Codes
 - Procedure Date/Time
 - Hospital complications

Variable: Facility ID (page 4)

- List available on the Colorado TR website
- Updated list will be posted next week
- If a facility is missing, let me know

Variable: Patient's County of Residence (page 10)

- Make sure your state report codes have:
 - Elbert = 20
 - El Paso = 21
 - Lake = 33
 - La Plata = 34
 - Broomfield = 80
- Code for Metro Denver (if specific county isn't known) = 90

Variable: Location of Injury (page 18)

- Please include a street address whenever possible
- If the event happens in the person's home, re-enter the address info (don't enter "home")
 - Maybe CDM can automate this

Variable: Injury Location County

(page 21)

- Make sure your state report codes have:
 - Elbert = 20
 - El Paso = 21
 - Lake = 33
 - La Plata = 34
 - Broomfield = 80
- Code for Metro Denver (if specific county isn't known) = 90

Variable: Injury Location Type (page 23)

- The options correspond with the ICD-9 location codes (E849)
- Detailed information provided in Appendix III on the Colorado TR website

Variable: Work-Related (page 25)

- New for download to the state
- If you answer “yes”, then you must include the Patient’s Occupation (page 25) and the Patient’s Occupational Industry (page 26)

Variable: ICD-9 External Cause Code

(page 28)

- More discussion this afternoon
- Details in Appendix VII on the Colorado TR website
- Include an E-code both for the cause and for the location (E849.x)
- The E-code for the cause should be listed first

Variable: Trauma Type (page 30)

- Blunt vs. Penetrating vs. Thermal
- NA = Not applicable (use for readmissions)
- Used to classify for calculating probability of survival
- In past discussions, we coded based on mechanism of injury (as in Appendix VIII on Colorado TR website)

Variable: Trauma Type (page 30)

- In NTDS, this is a calculated field based on:
 - The primary E-code
 - The E-code groupings in the “Recommended framework of E-code groupings for presenting injury mortality and morbidity data (2007)” from CDC

Variable: Protective Devices (page 31)

- How to choose between NONE, UNK and NA
 - NONE: Choose this when PPE is known to be available for the activity in which the person was injured, and the medical record specifically mentions that the person did NOT use it
 - UNK: Choose this when PPE is known to be available, and the medical record does not specifically mention if it was used or not
 - NA: Choose this when someone is injured in an activity that does not normally require PPE

Variable: Alcohol Evident (page 33)

- Is there any indication that the patient had been using alcohol at the time of injury?

Y = Yes, not tested, based on comments in med rec

YL = Yes, tested, greater than legal limit (0.08)

YT = Yes, tested, trace or less than legal limit

N = No, not tested, based on comments in med rec

NT = No, tested, confirmed negative

Variable: Drug Use Indicator (page 35)

- Drug use by the patient, tox screen

N = No, not tested, not suspected based med rec

NC = No, tested, confirmed negative

YP = Yes, tested, confirmed, (prescription drug)

YD = Yes, tested, confirmed (illegal drug)

Variable: Transfer-In Status (page 36)

- According to the NTDS, a patient who is transferred from a private doctor's office, stand-alone ambulatory surgery center, or delivered to your hospital by a non-EMS transport is not considered to be an interfacility transfer

Variable: Trauma Team Activation

(page 37)

- New variable for download to the state
- Trauma team activation varies by facility. Are these options adequate?

Variable: ED Disposition (page 38)

- Options modified to include those from NTDS
- Very important for tracking patient through the facility
- Used to identify patients who are considered to be an inpatient vs. not an inpatient
- Detailed info on assigning ED disposition provided in Appendix IV on the Colorado TR website

Variable: ED Disposition (page 38)

- Defining DOA vs. Death in the ED
 - NTDS defines DOA as arrival at the hospital with no signs of life, but WITH pre-hospital CPR (parameters specific to age and trauma type)
 - Facilities define DOA and Death in the ED in ways unique to their facility
 - Colorado TR -- for analysis, cases are grouped as DOA vs Death in the ED based on the presence or absence of vital signs on arrival to the ED

Variable: Hospital Discharge Disposition (page 43)

- Options modified to include those from NTDS
- Some Colorado-specific options still included
 - NA, LTAC, NHOME, PSYCH, DSS, JAIL, and OTHER

Variable: Co-morbid Conditions

(page 50)

- Options modified to include those from NTDS
- Some Colorado-specific options still included
 - IDDM, IMMUNE, LIVER, PREG, SCI and OTHER
- See NTDS data dictionary pages 173-176 for definitions

Variable: Diagnostic/Operative Procedures (page 77)

- New variable for download to the state
- NTDS defines “Operative and/or essential procedures” as procedures:
 - Performed in the Operating Room, Emergency Department or ICU
 - Essential to the diagnosis, stabilization or treatment of the patient’s specific injuries
 - Repeated diagnostic procedures (e.g., repeated CT scans) should not be recorded (record only the first procedure)

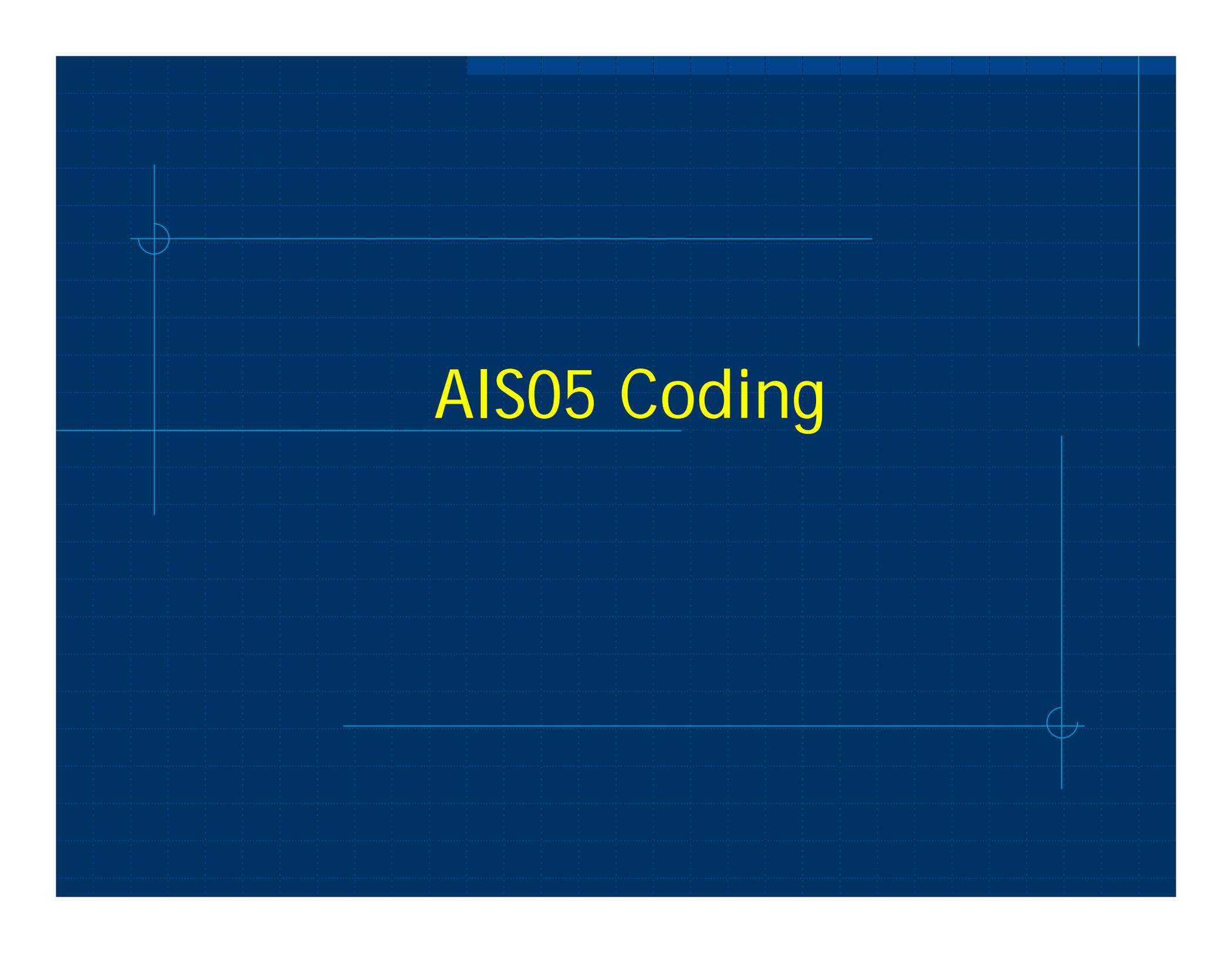
Variable: Hospital Complications

(page 79)

- New variable for download to the state
- Options are those from NTDS
- See NTDS data dictionary pages 177-181 for definitions



Questions? Comments?



AIS05 Coding

Purpose of this session

- Review coding guidelines by body region
- Try to answer your coding questions
- Discuss the answers to the AIS-90 "Quiz"

General Coding Rules

- Code conservatively
 - If there is any question about the severity of the injury, assign the least severe AIS code
- Injury substantiation
 - Injuries must be substantiated by some form of diagnostic or radiographic procedure, surgery or autopsy (or by visual observation for penetrating injuries)

General Coding Rules

- Blood loss
 - Used as an indicator of injury severity
 - 20% blood loss = 1000 cc in average adult, 150 cc in 22 lb child
 - Assign the blood loss to the most severely injured organ

General Coding Rules

- Soft tissue injuries
 - If a skin injury occurs alone, code to the appropriate AIS chapter but assign to the EXTERNAL ISS body region
 - Except for open fractures, if a skin injury occurs in combination with an underlying injury, code both to the appropriate AIS chapter but assign the skin injury to the EXTERNAL ISS body region and the underlying injury to the appropriate body region

Head Chapter

Changes from AIS98

- Accurate coding requires more info on the size of contusions, hematomas, lacerations and penetrating injury to the brain
- Change in scoring of concussive injuries
- More detail on diffuse axonal injury (DAI)
- Distinction made between brain swelling and edema

Head Chapter

- Coding of brain injuries should be done at 24 hours or at initial confirmed diagnosis
 - Treatment with anticoagulants could increase the size of a contusion or hemorrhage
- “With coma”
 - Assign to the injury that will result in the highest AIS score

Diffuse Axonal Injury (DAI)

- If have both DAI and other brain injuries, only code the DAI
- Diagnosis of DAI must meet specific coding rules (page 50 of AIS coding manual)
 - Requires coma > 6 hours
 - Must have imaging validation
- If anatomic site of DAI is identified (cerebrum), use 140628.4, 140625.4 or 140627.5 (page 45)
- If anatomic site of DAI is not identified, use 161007.4, 161008.4, 161011.5, 161012.5, or 161013.5 (page 51)

Head Chapter

- Skull fractures
 - Code complex or comminuted skull fx under vault unless basilar skull fx is specified
 - If a single skull fx involves both the base and vault, code the more severe
 - Clinical signs can be used to corroborate a dx of basilar skull fx
 - Code associated brain, vascular and nerve injuries separately

Head Chapter

- Skull fractures
 - Vault = frontal, occipital, parietal and temporal bones
 - Base = orbital roof, ethmoid, sphenoid, basilar process of occipital bone, petrous, squamous and mastoid portions of temporal bone
 - This differs from the ICD-9-CM definition!
 - Vault = Frontal and parietal bones only
 - Base = Everything else (including occipital and temporal)

Head Chapter

- Concussion
 - Code LOC (loss of consciousness) only when there is both:
 - Convincing evidence of head trauma AND
 - The dx of LOC was made by a physician or recorded by a physician based on EMS corroboration (not by self-report or by report of bystanders)

Head Injuries with AIS=6

- Crush injury to head 113000.6
- Bilateral internal carotid artery inj 121003.6
- Bilateral vertebral artery injury 122803.6
- Bilateral sigmoid sinus lac 122005.6
- Bilateral transverse sinus lac 122605.6
- Open torcular transverse sinus lac 122607.6
- Brainstem lac 140212.6
- Massive destruction of brainstem 140214.6
- Penetrating injury of brainstem 140216.6
- Transection of brainstem 140218.6

Face Chapter

- Penetrating injuries that do not involve internal structures are assigned to the EXTERNAL ISS body region except 216008.4 (massive destruction of whole face including both eyes)
- Orbital roof fx is coded as a basilar skull fx and assigned to HEAD body region; other orbital fx (floor, wall) are assigned to FACE body region

Face Chapter

- Use 251004.1 if pt had epistaxis w/o fx of nasal bone or septum
- Use 251900.3 or 251902.4 if pt had a **panfacial fx** (multiple and complex fx that may involve middle and lower face, upper and middle face or all three, but not LeFort fractures)

Neck Chapter

- Esophageal and tracheal injuries are coded in both NECK and CHEST body regions. If injury occurs at the sternal notch, assign to NECK.
- Neck injuries with AIS = 6
 - Decapitation 311000.6

Chest Chapter

- Changes in AIS05
 - Changes to lung contusion and laceration descriptors
 - New category of blast injuries
 - Rib fractures simplified: flail vs. no flail
 - Hemothorax and pneumothorax are coded separately and in addition to associated injuries

Chest Chapter

- Crush injury (413000.6): Must involve massive bilateral destruction of skeletal, vascular, organ and tissue systems
- Injuries to the diaphragm are coded to the CHEST not the ABD body region
- AIS for cardiac contusion = 1 unless greater severity of injury is substantiated by surgery, autopsy, or EF < 25% w/o CAD (then AIS=4)

Chest Injuries with AIS=6

- Crush injury 413000.6
- Major transection of the aorta
with hemorrhage outside mediastinum 420218.6
- Bilateral transection of pulm artery 421009.6
- Bilateral transection of pulm vein 421207.6
- Ventricular rupture of heart 441014.6
- Multi lacs, >50% tissue loss of heart 441016.6
- Avulsion of heart 441018.6
- Mucosal sloughing, necrosis of lung 419208.6

Abdomen Chapter

- If an organ sustains both a contusion and a laceration that are directly related, code only the injury with the highest AIS
- If the contusion and laceration are unrelated (located at different sites on the organ), code both injuries

Abdomen Chapter

- Retroperitoneal hemorrhage/hematoma
 - Code separately and in addition to anatomically-described injuries unless an associated injury accounts for the blood loss into the retroperitoneal space
 - Organs/structures that can cause a retroperitoneal hemorrhage include the pancreas, duodenum, kidney, aorta, vena cava, mesenteric vessel, and pelvic or vertebral fractures

Abdominal Injuries with AIS=6

- Torso transection 511000.6
- Hepatic avulsion 541830.6

Spine Chapter

- Coexisting injuries to the spinal cord and to the vertebral column are coded as a single injury, not as two separate injuries
- Paralysis is coded according to status at 24 hours post-injury
- SCIWORA should be coded as “Spinal cord contusion, NFS”
 - If cervical, code = 640200.3

Spine Chapter

- Vertebral injuries with no cord involvement
 - Atlanto-occipital dislocation, code = 650208.2 (not .3)
 - Code injuries to each vertebra separately

Spinal Injuries with AIS=6

- Complete cord syndrome, C3 or above

- With cord contusion

640229.6	640230.6
640232.6	640234.6
640236.6	

- With cord laceration

640269.6	640270.6
640272.6	640274.6
640276.6	

Upper Extremity Chapter

- Degloving injury (714000.2, etc.) should be assigned to the EXTREMITY region in ISS, not to EXTERNAL, even though this is an injury to the skin
- Injuries to upper extremity blood vessels
 - When they are directly involved in crush injuries/ UE amputations, do not code separately unless the vascular injury is higher in severity than the crush/amputation injury

Upper Extremity Chapter

- Brachial plexus injuries are included in the Spine Chapter
- Fx of Long bones (humerus, radius, ulna)
 - Classify by location (proximal, shaft, distal)
 - For proximal and distal fx, further classify by extent of articular (joint) involvement
 - For shaft fx, classify by the degree of complexity of the fx

Lower Extremity Chapter

- Degloving injury (814000.2, etc.) should be assigned to the EXTREMITY region in ISS, not to EXTERNAL, even though this is an injury to the skin
- A diagnosis of ankle fx with no further detail should be coded as "Leg fracture, NFS" (852002.2)

Lower Extremity Chapter

- Pelvic fracture
 - Two structures for AIS coding: Pelvic Ring and Acetabulum
 - Pelvic Ring is a single anatomic structure and is assigned only one fracture code
 - Acetabulum may be assigned two fracture codes depending on whether the injury is unilateral or bilateral

Lower Extremity Chapter

- Pelvic Ring
 - Posterior arch: sacrum, sacroiliac joints and posterior ilium
 - Anterior arch: pubic rami, pubic symphysis
 - Severity of pelvic ring fracture depends on the damage to the posterior arch
 - Stable fx: does not involve the posterior arch
 - Partially stable: posterior arch integrity is partially maintained
 - Unstable: complete loss of posterior arch integrity

Lower Extremity Chapter

- Pelvic Ring
 - Stable fx: does not involve the posterior arch
- Examples:
- Fx of ischial tuberosity
 - Pubic ramus fx with or without pubic symphysis involvement
 - Undisplaced fx of sacrum
 - Transverse fx of sacrum and coccyx with or without sacrococcygeal dislocation

Lower Extremity Chapter

- Pelvic Ring
 - Partially Stable fx: Posterior arch integrity is partially maintained. Examples:
 - Symphysis pubis separation
 - Sacroiliac joint anterior disruption
 - Anterior compression of the sacrum
 - Lateral compression
 - "Open Book" fx

Lower Extremity Chapter

- Pelvic Ring
 - Unstable fx: complete loss of posterior arch integrity. Examples:
 - Pubic rami fx with sacroiliac fracture/dislocation
 - Vertical shear fx
 - Bilateral fx with complete pelvic floor disruption

Lower Extremity Chapter

- Acetabulum
 - Classified by anterior or posterior columns
 - Anterior column: from anterior half of iliac crest to pubis
 - Posterior column: from greater sciatic notch to ischium
 - Code based on degree of involvement of articular surface:
 - Partial: Involves one column only or involves a transverse component but with a part of the articular surface remaining attached to the ilium
 - Complete: Both columns are disrupted from each other and the attachment between the articular surface and the posterior ilium no longer exists

External and Thermal Chapter

- Burns
 - When burns occur in varying degrees, assign the AIS code to the highest degree burn only
 - Example: 20% TBSA 2nd degree and 5% TBSA 3rd degree, then only code the 5% TBSA 3rd degree
 - When burns are described as combined degrees, code to the highest degree burn
 - Example: 28% TBSA 2nd and 3rd degree, then code 28% 3rd degree

External and Thermal Chapter

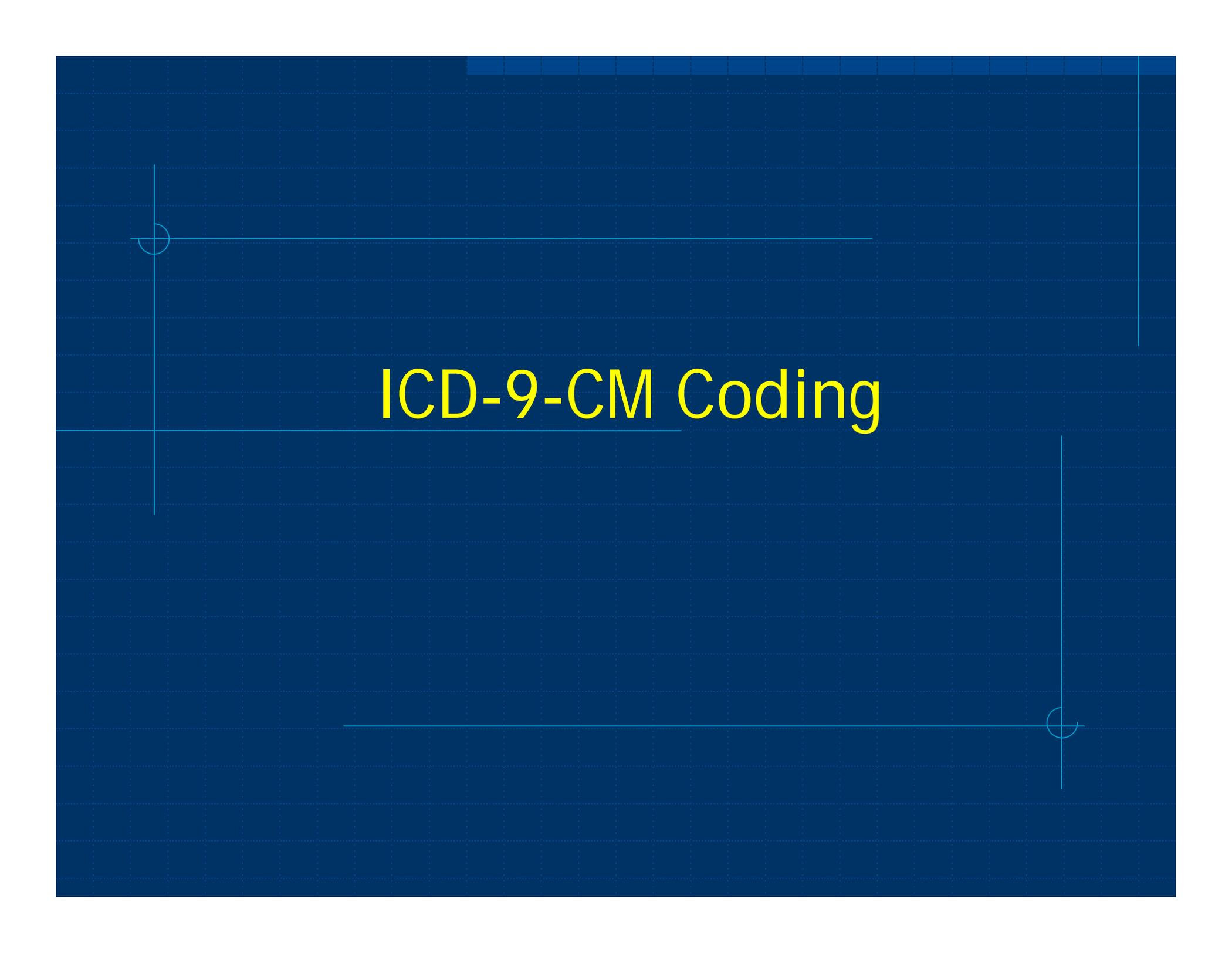
- Burns
 - If a burn-related amputation occurs at the time of injury, code as an amputation in the EXTREMITY body region -- do not code the burn separately
 - If an amputation is required after the event, code the burn and assign to the EXTERNAL body region (the amputation is considered to be a treatment for the injury)

External and Thermal Chapter

- Asphyxia/Suffocation
 - Assign to HEAD body region for calculating ISS
- Drowning
 - Assign to CHEST body region for calculating ISS



Questions? Comments?



ICD-9-CM Coding

Purpose of this session

- Review coding guidelines
- Try to answer your coding questions
- Discuss the answers to the ICD-9 "Quiz"

Skull and Facial Fractures

- Skull FX
 - Classify first by site (vault vs. base), then by open vs. closed, then by +/- intracranial injury
 - Vault = frontal or parietal bones
 - Base = occipital, temporal, or sphenoid bones, ethmoid and frontal sinuses, or orbital roof

Skull and Facial Fractures

- Fractures to the orbit can result in the use of up to 3 codes:
 - Fx to orbit roof = 801.x
 - Fx to orbit floor = 802.6 or 802.7
 - Fx to orbit wall = 802.8 or 802.9

Skull and Facial Fractures

- For categories 800, 801, 803 and 804, use the 5th digit to indicate the degree of loss of consciousness
 - Do NOT use category 850 -- this category is only to be used when no anatomic injuries are identified!
 - Make sure the same 5th digit is used for all the 800, 801, 803 and 804 codes
- An open skull fx requires penetration of the dura
 - If the dura is intact, the skull fx is considered closed

Intracranial Injury

With No Skull Fracture

- Use the appropriate codes for:
 - Cerebral laceration 851.xx
 - Subarachnoid hemorrhage 852.0x or 852.1x
 - Subdural hemorrhage 852.2x or 852.3x
 - Epidural hemorrhage 852.4x or 852.5x
 - Other or unspecified hemorrhage 853.0x or 853.1x

For codes 851-854, use appropriate 5th digit to indicate the degree of loss of consciousness

Other Head Injury Considerations

- For diffuse axonal injury, use category 854 (intracranial injury of other and unspecified nature)
- Do not use 854 for concussion or loss of consciousness with no anatomic lesion!
 - Use 854 only when a documented intracranial lesion can be identified
 - For concussion without a documented intracranial lesion, use 850

Other Head Injury Considerations

- If the only diagnosis is “CHI” (no mention of concussion, skull fx or intracranial injury), use the non-specific code 959.1
- According to the ICD-9-CM manual, pneumocephalus should be coded to 348.8

Injuries to Chest and Thoracic Organs

- Flail chest 807.4
- Pneumothorax 860.0 or 860.1
- Hemothorax 860.2 or 860.3
- Pneumohemothorax 860.4 or 860.5
- Hemopericardium: use 860.2 or 860.3
- Cardiac contusion 861.01 or 861.11
- Pulmonary contusion 861.21 or 861.31

Injuries to Abdominal and Pelvic Organs

- For injuries to liver, spleen and kidney, code to the appropriate level of severity using the 5th digits
- Retroperitoneal hematoma 868.04 or 868.14
Injuries to the mesentery 863.89 or 863.99
- Stab wounds or other penetrating injuries to the abdomen without injury to abdominal or pelvic organs should be coded to 879.2-879.5 (open wounds of the abdominal wall)

Injuries to Abdominal and Pelvic Organs

- Injuries to the external genitals are not included with abdominal and pelvic organs. See code 878 for specifics.

Orthopedic Injuries

- For bone fx, identify location (proximal, midshaft, distal) and open vs. closed, since there are specific codes for each
- For radius/ulna or tibia/fibula “both bone” fx:
 - Assign separate codes for each bone if sufficient detail is provided
 - If no detail, then use combination codes (for example, 813.33 for a closed fx of both the radius and ulna, no specific details available)

Orthopedic Injuries

- Use 828 if have multiple fractures involving both lower limbs, lower with upper limb, or lower limb(s) with rib(s) and sternum, only if detailed information on each individual fx is not available
- Dislocations: classify first by site, then by open vs. closed, then by specific joint
 - If a fx occurs at the same site, do NOT code the dislocation separately

Vascular and Nerve Injuries

- When a primary injury results in minor damage to peripheral nerves or blood vessels, list the primary injury first, then the additional code(s) from categories 900-904 and/or 950-957
- When the primary injury is to the blood vessels or nerves, list them first

Burns

- Burns are classified by:
 - Location
 - Depth (1st, 2nd, 3rd degree)
 - Extent (TBSA)
 - Agent (using E-codes; for example, flame vs. scald vs. chemical)
- When coding multiple burns, assign separate codes for each burn site
 - Use code 946 (Burns of multiple specified sites) only if the locations of the burns are not documented

Burns

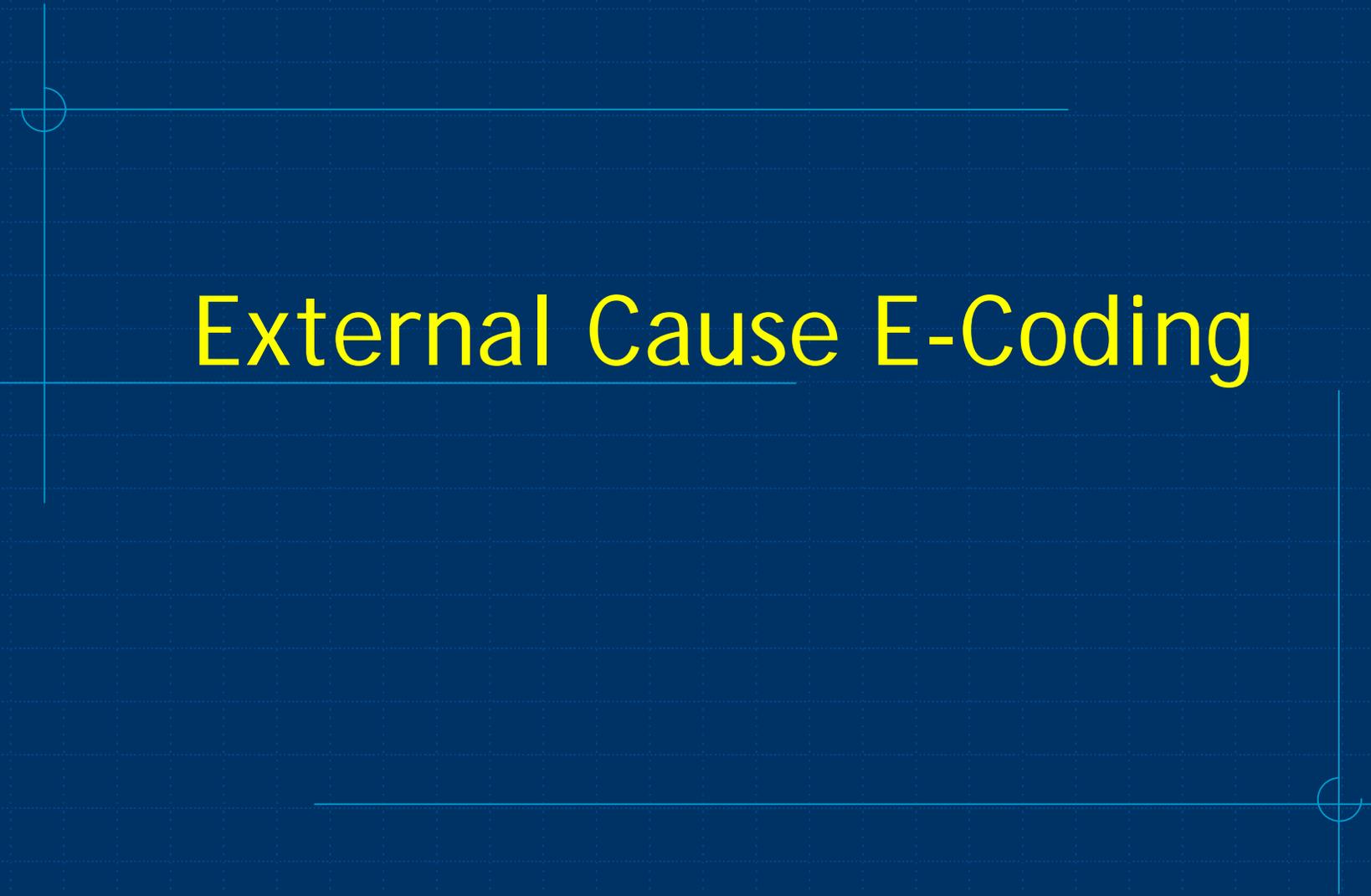
- Use category 948 as an additional code to report the TBSA and the percent of body surface with 3rd degree burn
 - 4th digit codes identify the %TBSA (all degree)
 - 5th digit codes identify the %BSA that's 3rd degree
 - If the %BSA that's 3rd degree is 10% or less, the 5th digit should be 0

Other Injuries

- Frostbite 991.0-991.3
- Hypothermia 991.6
- Effects of lightning 994.0
- Electrocution 994.8
- Drowning/non-fatal submersion 994.1
- Asphyxiation/strangulation 994.7
- Child maltreatment syndrome 995.5x
- Adult physical abuse 995.81
- Adult sexual abuse 995.83



Questions? Comments?



External Cause E-Coding

Purpose of this session

- Review coding guidelines
- Try to answer your coding questions
- Discuss the answers to the E-code "Quiz"

General Coding Rules

- Assign the appropriate E-code for all initial treatments of an injury
 - Use a *late effect* code for readmissions, visits, etc. when a late effect of the initial injury is being treated
 - A late effect E-code should never be used with a current nature of injury code (N-code)

General Coding Rules

- If two or more events caused the injury, an E-code should be assigned for each cause, according to the following priority order:
 - Child or adult abuse (E967)
 - Cataclysmic events (E908-E909)
 - Transportation (E800-E845)
 - Within transportation, the priority ranking is:
air & space > watercraft > motor vehicles > other road vehicles > railroad

General Coding Rules

- In addition to cause, also consider the intent of the injury:
 - Unintentional (accidental) E800-E949
 - Intentional (homicide, suicide, intentional self harm) E950-E969, E979
 - Legal intervention E970-E978
 - Undetermined E980-E989

General Coding Rules

- Assign an E849.x code to indicate where the injury occurred
 - Does not describe the person's activity at the time of injury

Transportation (E800-E845)

- Consider the type of vehicle
 - Accidents involving agricultural and construction machines (e.g., tractors, cranes and bulldozers)
 - Regarded as transport accidents only when these vehicles are under their own power on a highway (otherwise, they're considered machinery)
 - Railway: vehicles that run on a railway track
 - Includes streetcars, light rail, railway trains

Transportation (E800-E845)

- Consider the type of vehicle
 - Motor vehicle: any mechanically or electrically powered device, not operated on rails, upon which a person or property may be transported
 - Includes motorized scooters, mopeds
 - Off-road motor vehicle: a motor vehicle of special design, to enable it to negotiate rough or soft terrain or snow
 - Includes ATVs, army tanks, hovercraft, snowmobile, dirtbike, motocross

Transportation (E800-E845)

- Consider the type of vehicle
 - Pedestrian conveyance: any human powered device by which a pedestrian may move other than by walking
 - Includes non-electric wheelchair, ice skates, roller skates, "heelies", non-motorized scooter, skateboard, skis
 - Pedestrian: any person involved in an accident who was not at the time of the accident riding in or on a vehicle
 - Includes person changing a tire, operating a pedestrian conveyance, on foot

Transportation (E800-E845)

- Consider where the event happened
 - On a roadway: Use codes for Motor Vehicle Traffic
 - Not on a roadway: (parking lots, driveways, private roads) Use codes for Motor Vehicle Non-Traffic
- See transportation decision tree
 - Appendix VIIB on CTR website

Falls (E880-E888)

- Codes for specific types of falls, falls on same level and falls from one level to another
 - See Falls decision tree in Appendix VIIB on CTR website
- Other fall-related codes include E917.5-E917.9

Sports-Related Injuries

- E886.0 Fall on same level in sports due to collision, pushing, shoving by or with other person
- E917.0 Strike against/by person/object in sports without a subsequent fall
- E917.5 Strike against/by person/object in sports with a subsequent fall

Burns (E890-E899, E924)

- Determine if the burns are due to fire/flames, hot liquids or electricity
 - Fire/flames E890-E899
 - Hot liquids E924
 - Electricity E925
 - Explosive material E923
- Burn decision tree

Injuries involving Animals

- Fall from an animal being ridden E828.2
- Kicked, gored, etc E906.8
- Bitten E906.0-E906.5
 - By dog E906.0
 - By cat E906.3

Injuries involving Machinery

- In operation
 - Use E919
 - Look in the Index under "Accident, caused by . . ." or "Accident, machine", then choose the specific machine involved
- Not in operation
 - In general, use E916, E917 or E918
 - Identify in the Index for the cause of injury (e.g., "caught under", "pinched between")
 - Machinery not in operation is considered an object

Injuries Involving Saws

- Distinguish between injuries due to:
 - Woodworking machines E919.4
(band saw, circular saw, radial saw, bench saw)
 - Powered hand tools (hand saw) E920.1
 - Unpowered hand tools E920.4
(unpowered saw)

Injuries Involving Cut/Pierce

- For injuries due to nail guns, use E920.1, NOT E922!
- For injuries due to paint guns, use E920.1
- For injuries due to paint ball guns, use E922.5
- E920.4 - does not include tools that are powered!

Suicide and Self-Inflicted Injuries (E950-E959)

- Use to code injuries from suicide or attempted suicide
- Also use to code injuries that are intentionally self-inflicted, whether or not death was the intended outcome
- These codes should not be used for injuries that are accidentally or unintentionally self-inflicted

Child/Adult Abuse

- For intentional neglect or abuse of a child or adult, the first listed E-code should be E967, to identify the perpetrator if known
- Then list the appropriate E960-E966/E968 code to describe the mechanism of abuse



Questions? Comments?