National Health Survey

Health Interview Survey

Medical Coding Manual
and
The Short Index

Revised July 1, 1964

(Fiscal year 1965)

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE
NATIONAL CENTER FOR HEALTH STATISTICS

In Cooperation with the Bureau of the Census

PREFACE

I. Revision, July 1, 1964 (Fiscal Year 1965)

For this revision all parts of the Manual (Sections I-IX, Appendices I-III, and the Short Index) have been brought together under one cover. The general classification and coding principles remain the same as in former years. The following is a guide to the changes that have been made:

Section I. No change.

Section II. Changed for use with FY 1965 Questionnaire (Form NHS-HIS-1, FY 1965).

Sections III, IV, V. No basic changes.

Section VI, B. Instructions for coding visual impairments have been changed. Question 14 of the FY 1965 Questionnaire is to be used to obtain additional information concerning the extent of visual impairments. A new code, X03, has been established.

Section VI, L (Multiple Impairments) has been revised to prevent overcoding of multiple minor musculoskeletal defects.

Sections VII, VIII, and IX. No basic changes.

Appendix I. Change in X00-X05 codes for vision.
Change in Etiology Code for Visual Impairments.
Code X35 has been deleted.
Titles of X36-X39 have been changed.

Appendix II. No basic change.

Appendix III. No basic change.

Short Index. Minor changes.

II. Earlier Revisions

The first Medical Coding Manual (July 1, 1957) was completely rewritten for the year beginning July 1, 1958: (a) to achieve a more satisfactory form; and (b) to coincide with the adoption of the Seventh Revision of the International Classification of Diseases. The transition from the Sixth to the Seventh Revisions of International, however, presented few coding problems for the Health Interview Survey (HIS).

Certain detail, used by HIS in the first year, was eliminated. For example: allergic manifestations other than hay fever or asthma, were collected under category 245; psychogenic symptoms were restricted to those only of heart, skin, digestive and genito-urinary systems; 4th digits for epilepsy, cataract, and hernia, used in the first year, were discontinued; pneumonia types were restricted to "virus" or atypical, and "all other"; arthritis types in 720-724 were coded to 725 only.

On July 1, 1959, certain pages only of the 1958 Manual were revised and issued to users with instructions to substitute such pages for the previous pages applicable to a given instruction. Methods of coding injuries were revised somewhat; distinction was made between school-loss days and work-loss days; certain diseases on the check list were coded as chronic only if the date of onset was more than 3 months ago.

No revisions were issued for the year July 1, 1960-June 30, 1961.

The revision of July 1, 1961 differed little, in essentials, from the previous issues. No basic code numbers were changed, but the content of various categories was altered as shown in Appendix I and Appendix III. The provisions of the document called "Supplement I", dated December 1, 1959, were incorporated in the July 1, 1961 revision or became invalid. Editing responsibilities of medical coders were stressed. Instructions for coding strokes and their effects, and for determining the activity of rheumatic fever, were revised. "Troubles", in general, were preferred over symptoms. Certain types of poisoning were clarified. Certain classes of impairments were modified. Considerable detail was added to assist coders and supervisors in judging problem cases, particularly in the areas of symptoms, ill-defined troubles, and impairments.

As of July 1, 1962, Appendix II (2-digit Classification of Operations) was clarified in regard to the content of certain categories, and more terms were added to the Short Index of Operations. Section II (Outline of Steps in Medical Coding) was expanded considerably to include instructions needed by medical coders for all phases of their work-coding to the document sensing cards, to the questionnaire only, or comparing the codes of the questionnaire with those of the cards.

For fiscal year 1964 (July 1, 1963-June 30, 1964) the Short Index and all pages of the Manual, except Appendix I and Appendix III, were re-written and brought up to date. This revision contained all changes and additions made in fiscal year 1963 and previous years which were still in effect as of July 1, 1964.

TABLE OF CONTENTS

SECTION III. CLASSES OF CHRONIC AND ACUTE CONDITIONS

SECTION IV. GENERAL CODING PRINCIPLES AND PROBLEMS

SECTION V. "COMBINING" AND "MERGING"

SECTION VI. IMPAIRMENTS AND THEIR CAUSES

SECTION VII. INJURIES, ACCIDENTS, AND THEIR EFFECTS

SECTION VIII. CONDITIONS RELATED TO CHILDBEARING

SECTION IX. HOSPITALIZATION AND SURGERY, TABLE II

APPENDIX I. X-CODE FOR SPECIAL IMPAIRMENTS

APPENDIX II. 2-DIGIT TYPE OF OPERATION CODE

APPENDIX III.   MODIFICATIONS OF THE INTERNATIONAL CLASSIFICATION
                (1955 REVISION), AND SPECIAL INSTRUCTIONS, USED
                FOR THE HEALTH INTERVIEW SURVEY

SHORT INDEX OF DISEASES, IMPAIRMENTS, INJURIES, AND OPERATIONS

A.   The Health   The Health Interview phase of the National Health Survey,
     Interview   begun July 1, 1957, is a continuing survey based on house-
     Survey, of   hold interviews conducted by the Bureau of the Census.
     the National   The survey is made on a sample basis. Approximately
     Health Survey   42,000 interviews will be conducted over the course of a
                        year, with households located in every one of the 50
                        States, and the District of Columbia.

                        Data collected in the Health Interview Survey will provide
                        a statistical picture of illness and disability in the
                        population of the nation, as well as information on related
                        subjects such as time lost from work or school because of
                        illness and medical care received by persons who are ill.
                        One of our nation's greatest resources is a healthy popula-
                        tion. The health of the nation may be evaluated in eco-
                        nomic terms, such as the loss of individual income or the
                        reduction of total national economic production because of
                        illness or injury. It may be evaluated in terms other
                        than economic, such as the extent of occurrence of partic-
                        ular kinds of illness. Since the overall health of the
                        nation is of vital importance, it is necessary to be able
                        to measure our health assets and liabilities in terms of
                        the entire population.

                        The Congress of the United States, realizing the necessity
                        ·for national health statistics, authorized a continuing
                        National Health Survey (Public Law 652 of the 84th Congress)
                        which was signed into law by the President in 1956.

                        The Health Interview Survey, with other branches of the
                        National Health Survey, is sponsored by the United States
                        Public Health Service, which is a part of the Department
                        of Health, Education and Welfare. The Public Health
                        Service has asked the Bureau of the Census to conduct the
                        interviewing because of the Bureau's function as an objective
                        fact-finding agency and because of its broad experience
                        in conducting surveys. The Bureau also performs most of
                        the clerical operations necessary for processing the data.
                        The findings of the survey are analyzed and published by
                        the Public Health Service, in the National Center for
                        Health Statistics.

B.   Importance   Medical coders play a very important part in the success
     of the   of the National Health Survey. They must translate into
     Medical   numerical symbols all of the information on the question-
     Coding   naires about diseases, injuries, accidents, deliveries, and
                        operations. Mistakes in medical coding can seriously affect
                        the accuracy of data which will be furnished to people who
                        will base their decisions and plans on this material.

C. Codes Used

    1. Diagnostic   The 4-digit diagnostic code for the condition cause-
                                       ing the sickness or disability is derived from the
                                       International Classification of Diseases, (1955 re-
                                       vision) and a supplementary classification called
                                       the X-Code for Special Impairments. The X-Code is
                                       listed and described in detail in Appendix I of
                                       this Manual.

    2. Operations   Operations are coded according to the 2-digit Type
                                         of Operation Code, listed in Appendix II.

    3. Accidents   Injuries, and their effects, require certain other
                                         codes, in addition to the diagnostic code. These
                                       are described further in Section VII.

D. The Short Index   The Short Index, developed by the Public Health
                                       Service, has been planned to simplify the job of
                                       locating the correct medical codes. It contains
                                       the names of the more common diseases, symptoms,
                                         and injuries of the International Classification,
                                       and all types of impairments and operations listed
                                       in Appendixes I and II. It includes a number of
                                       popular or lay terms not indexed by International.
                                       Even more importantly, it contains most of the terms
                                       affected by the considerable number of modifica-
                                       tions of the International shown in Appendix III of
                                       this Manual. The asterisk after a code in the Short
                                       Index indicates that some change has been made in that
                                       category, as listed in Appendix III of this Manual,
                                       and/or that the term is included in the Short In-
                                       dex but not in Volumn II of International, or is modi-
                                       fied in the Short Index in a manner that differs
                                       from that shown in Volumn II. The asterisk, however,
                                       is not applied to the numerical code when it is
                                       entered by the coder on the questionnaire or other
                                       recording form.

                                       The Short Index MUST be consulted first in order to
                                       assign a diagnostic code. If the term to be coded is
                                       not listed in the Short Index, the coder will then
                                       look for it in Volumn II. If the term does not
                                       appear there, the case should be referred to the super-
                                       visor.

E. <u>Abbreviations</u>   To save space in the Manual hereafter, and in the
    <u>and References</u>   Short Index, abbreviations are used freely.

    1. Organiza-   HIS   Health Interview Survey
        tions   NHS   National Health Survey
                       PHS   Public Health Service
                       WHO   World Health Organization

    2. Certain   ICD   International Classification of Diseases
        classifi-   N-Code   Nature of Injury Classification of ICD
        cations   E-Code   External Cause of Injury Classification
        and ref-   of ICD; not used for **HIS**
        erences   Y-Code   Supplementary Classifications of ICD;
        to them   not used for **HIS**
                       X-Code   X-Code for Special Impairments (X00-X99)
                       Vol. I   Tabular list of ICD
                       Vol. II   Alphabetical Index of ICD
                       001-779   Used in various discussions to indicate
                                    the span of numbers of ICD from 001
                                    through 779, constituting the main body
                                    of the classification for diseases.
                       780-799   The span of numbers for certain symptoms.
                       800-999   The span of numbers for injuries.
                       X00-X99   The span of numbers for special impair-
                                    ments. Various other spans of numbers
                                    are used for smaller groups, such as
                                    440-447 (hypertensive diseases), 240-
                                    245 (allergic disorders) etc., etc.

    3. Certain   Col   Column
        parts of   Cols   Columns
        the ques-   Table I   Contains facts about diagnoses, medical
        tionnaire   care, disability, dates first noticed, etc.
        and booklet   Table II   Where hospital admissions are recorded.
                       Table A   Contains facts about where, how, and
                                    when an accident happened.
                       Card A   The list of chronic diseases read to
                                    the respondent.
                       Card B   The list of selected impairments.
                       Card D   The list of "symptoms" for which the
                                    interviewer asks the cause.

    4. Time of   Onset   When a condition started
        onset of   -3 mos   Within past 3 months
        a condi-   3 mos+   3 months ago or longer
        tion   -2 wks   Within past 2 weeks; "last week or the
                                    week before"
                       -12 mos   Within past year
                       12 mos+   1 year ago or longer

E.   Abbreviations--
       Con.

       5. Age of   ICD classifies certain diseases according to age of the
           person   person:
                           -4 wks   Infants under 4 weeks of age
                           4 wks+   Persons 4 weeks of age or older
                           -1 yr   Infants under 1 year of age
                           1 yr+   Persons 1 year or older
                           -65 yrs   Persons under 65 years of age
                           65 yrs+   Persons 65 or over

       6. Other   NOS   Not otherwise specified, or so stated-
           abbrevia-   in reference to a medical term.
           tions in   NEC   Not elsewhere classified in a particu-
           Manual and   lar listing or some other place in the
           Short In-   various classifications - in reference
           dex   to a medical term.
                           App.   Appendix
                           ORTH IMP   Orthopedic impairment of the lesser
                                       kinds in X70-X79 - not paralysis and not
                                       deformity; "see ORTH IMP," in the Short
                                       Index, is a referral to the listing un-
                                       der Orthopedic Impairment NEC.
                           OP   Operation: "see OP NEC" is a referral,
                                       in the Short Index, to the listing under
                                       Operation, NEC.

F.   Training Pre-   Persons new to medical coding should be given an ex-
       liminary to   tensive preview of the main classes of diseases and
       Coding   injuries of ICD, in Vol. I, and must be thoroughly
                           prepared to recognize all departures from ICD as
                           shown in Appendix III of this Manual. WHETHER THE
                           CODER IS EXPERIENCED OR INEXPERIENCED, THE IM-
                           PORTANCE OF KNOWING WHAT IS IN APPENDIX III CANNOT
                           BE OVEREMPHASIZED.

F. Training Pre-
    liminary to
    Coding--Con.

    1. ICD 3-digit   Review the listing on pp. 3-25, and 32-38, of Vol.
        categories   I. This will give some idea of the large number of
                     conditions that are possible with their technical
                     medical names, and how they are grouped as to type
                     or the system of the body. The E-Codes and Y-Codes
                     of ICD are not used by HIS.

    2. Comparing   The Tabular List begins on p. 43 of Vol. I. Note
        the Tabular   the explanations on p. 44. Read the explanatory
        List, Vol.   notes for Appendix III. Next, compare each cate-
        I, with   gory listed in Appendix III with that category as
        Appendix   listed in Vol. I, Tabular List, beginning with 002
        III   and continuing through to 999, noting statements
                     beginning "For NHS" or revised to read "For HIS";
                     these tell in what way the HIS method differs, or
                     call attention to some provision that is especially
                     important for HIS. This first reading is also in-
                     tended to acquaint the new coder with more detailed
                     kinds of diagnoses, both in the technical language
                     of Vol. I and the more common kinds of terms dis-
                     cussed in Appendix III. Note particularly, and
                     memorize, or write out on a card, the following
                     4th digit subdivisions used by HIS but not by ICD,
                     as shown in the "new code" column of Appendix III:

254.0	396.0	545.0	578.0	583.0	586.0	603.0
254.1	396.1	545.1	578.1	583.1	586.1	603.1
			578.2			603.3

These separate ill-defined "trouble" or disease of
thyroid, ear, stomach, intestine, liver, gall-
bladder, and kidney from better defined conditions
in the same ICD category. For example, ICD classi-
fies "thyroid disease or trouble" in the same cat-
egory with "cyst of thyroid;" "thyroid trouble" is
listed in the Short Index as 254.0; "cyst of thy-
roid" is not in the Short Index; Vol. II is con-
sulted, and the number there is 254; if the coder
uses 254x for "cyst of thyroid", she is in error;
for HIS this number should be 254.1, since it is
not classifiable to HIS 254.0.

F. <u>Training Pre-
    liminary to
    Coding--Con.</u>

    3. Vol. II   Although most of the terms reported will be found in the
                       Short Index, there will be need at times to consult Vol.
                       II.   Read the <u>Introduction</u> to Vol. II, but omit all ref-
                       erences to "late effects" because the HIS method of cod-
                       ing late effects is different from the ICD method; ref-
                       erences to the E-Code and Y-Code may be read but neither
                       of these codes are used by HIS.   The <u>asterisk</u> and <u>dagger</u>,
                       as used in Vol. II, should be understood, but these de-
                       vices are intended to point up primary causes and
                       secondary conditions and do not apply in HIS coding.

                       Attention is called to the <u>special use of parentheses</u>, a
                       form that appears also in the Short Index.

                       Note that conditions combining with other conditions, in-
                       to one code, appear <u>first</u> in a listing under the word
                       <u>with</u>.   This form is also used in the Short Index.

                       The paragraphs following "<u>Neoplasms</u>", p. xiii, will be
                       helpful, as the Short Index refers the coder to Vol. II
                       for all sites and types of tumors.   The HIS rules for
                       coding neoplasms are in Appendix III (140-239).

                       In using Vol. II or the Short Index, watch for indented
                       terms under the word <u>multiple</u>, for here will be listed
                       codes that may be used when two or more <u>sites</u> (parts of
                       the body) are affected by the same disease or injury,
                       but a single code may be used; this should be looked for
                       in all listings, but particularly under Fracture; Wound,
                       Open; and other types of injury.

    4. Appendix II   For HIS, operations in Table II are coded according to a
                       classification of operations listed in Appendix II.
                       Study Appendix II to become acquainted with the terms
                       used and the parts and structures included in the vari-
                       ous systems of the body.   A few operative terms appear in
                       Vol. II, but they may be ignored; look always in the Short
                       Index.

    5. Appendix I   Appendix I (X-Code for Special Impairments) should be
                       read and discussed during the orientation period.

    6. Summary   A general knowledge of the range of conditions to be coded,
                       of the form of Vols. I and II, and of the other classifica-
                       tions to be used, should be helpful in understanding the
                       more specific coding instructions to be found elsewhere in
                       the Manual.

A. **General Description of Medical Coding-Revised, July 1, 1964**

This Manual deals with the coding of data on the Questionnaire concerning diseases, injuries, accidents, impairments, deliveries, hospitalizations, surgery, medical care, and days of disability. Coding of this kind is called "medical coding", and is done by clerks who have been given the special pre- liminary training. Medical coders also watch for and record certain inter- viewer errors and omissions which affect the completeness and accuracy of the health information.

The medical coders translate the medical data into codes which are to be transcribed to document sensing cards. The cards with which the medical coders are particularly concerned are the Condition Card and the Hospitali- zation Card. For fiscal year 1965, 2 new Cards (Prescription Medicine Card, and Nonprescription Medicine Card) will be used and will be filled according to instructions included elsewhere. Two other cards (the House- hold Card and the Person Card) are used as formerly, and are filled by per- sons who are not necessarily medical coders, according to instructions in- cluded elsewhere.

Medical Coders are designated as follows, according to the specific duties each usually performs:

  a. Medical Coder to Card (MCC)
  b. Medical Coder to Questionnaire (MCQ)
  c. Comparison of Diagnostic Codes Clerk (Comp. DCC)

Effective July 1, 1962, this Manual will describe the procedures required of each class of medical coder. In previous years, instructions in this Manual were directed mainly to the MCQ, with detailed instructions for filling the cards and for verifying being listed elsewhere.

The MCQ makes all of her entries on the Questionnaire and does not handle the cards. The MCC makes certain entries on the questionnaire and fills the ovals of the cards also if a person has one or more codable conditions, and/ or one or more hospital admissions. For each card needed, the MCC fills the oval in Col. 1, leaves Cols. 2-10 blank, and writes in, in the extreme right margin, the PSU, Segment, and Serial number shown in items 6, 7, 8 on the face of the questionnaire.

The Comp. DCC's main function is to check and verify all items pertaining to the medical coding, comparing the coding on the questionnaire with that entered on the cards. Coding differences and errors that can be resolved readily are corrected by the coders. Problem cases are referred to the su- pervisor, and if necessary to the HIS nosologist. When a diagnostic code on the questionnaire differs from that on a card this fact is recorded by the Comp. DCC on NHS Form 715. Form 715 is a report of diagnostic coding differences, per work unit; the supervisor examines each case listed, and decides what the correct code should be.

B. <u>Use of</u>   The MCC uses a special black pencil for filling the ovals on
   <u>Colored</u>   the cards. When entries are to be made by any of the medi-
   <u>Pencils</u>   cal coders on the questionnaire, a green, purple, or red
                 pencil is used, as follows:

   a. A <u>green</u> pencil is used: (1) to line out entire lines
       of conditions in table I that are to be deleted and not
       coded in any way; and (2) to call attention to <u>certain</u>
       errors made by the interviewers.

   b. A <u>purple</u> pencil is used by the MCQ only, for one purpose
       only. If an interviewer error, of the type in the
       Census-issued "List of Error Codes for Illness, In-
       jury, and Hospitalization Entries," is noted by the MCQ,
       the MCQ selects the proper code for it and enters it, in
       purple pencil on the questionnaire, according to Census
       Bureau instruction. When, later, the Comp. DCC sees
       such an entry on the questionnaire, she enters it, in
       black pencil, in the proper ovals, as applicable, in
       either cols. 37, 38 of a Condition Card or cols. 14,
       15 of a Hospital Card. If no error code of this type
       is applicable, XX is used on the card. The code for
       an error of this type is referred to also as an
       "inadequacy" code. Note: The MCC has no part in the
       application of this "inadequacy" code. When the
       columns headed "Inadequacy or Dummy Code" are to be
       filled for "missed" conditions, proceed as in C, d,
       below.

   c. A <u>red</u> pencil is used to make all other entries on the
       questionnaire, including lining out conditions that are
       to be merged with other conditions.

C. <u>Basic</u>   The medical coder, of any class, should first examine
   <u>Steps</u>   carefully all parts of the questionnaire. For editing
   <u>General</u>   hospitalizations, and "days," <u>see</u> Steps 5 and 6.
   <u>Checking</u>   a. Check item 1 on the face of the questionnaire; if more
                     than one questionnaire is indicated there, but one,
                     or more, of these is missing, report this to the
                     supervisor.

C. **Basic Steps**
Step 1:
General
Checking--
Con.

b. Check the column number of the person. The question-
naire has space for 6 household members, one column for
each, numbered 1, 2, etc. If one of these persons has
been deleted by the interviewer from the household, the
Col numbers of the other persons on any one question-
naire are not to be changed. If a second or third ques-
tionnaire is necessary because of the number of people
in the household, the Col numbers of the persons on a
second questionnaire must always begin with 7, 8, etc.,
and on a third, 13, 14, etc. If the interviewer has
not changed the Col numbers on a second or third ques-
tionnaire of a set, renumber in green pencil. If a per-
son has a condition in table I or II, see that the
correct number for him is in Col (a) of table I or II.
It is most important that the number in Col (a) be
identified with the right person and the right condi-
tion. If the interviewer has entered a wrong person
number in Col (a), (or left Col (a) blank) edit Col (a)
in green pencil. This will prevent absurd situations
such as an entry for a delivery in table I or II, with
"3" in Col (a) when "3" is a male 5 years old!
The MCC will also fill the proper ovals in Cols 11 and
12 of the card for the correct column number of the
person.

c. Check the question number: Edit the question number
shown in Col (b) of table I, and table II, so that it
contains the right source from which the diagnosis was
derived. If the interviewer has entered a wrong number,
correct it in green pencil. For table II, the MCC will
fill Col 13 of the Hospital Card according to whether
this codable hospitalized condition was derived from
questions 13, or 15, or some other.

Effective July 1, 1964 (FY 1965) codable conditions in
table I, derived from special supplementary items, are
to be coded - rather than deleted, as formerly. Codable
conditions derived from any part of the questionnaire
are to be coded. Ovals in Cols 13, 14 of the condition
card have been revised.

1. If the condition was correctly carried back to table
I from table II by the interviewer, the question num-
ber in table I should read "table II", and the "table
II" oval of the condition card should be filled.

2. If "RR" is shown in Col (b), fill the "R & R" oval.
This indicates that the interviewer has carried this
condition back from the Redesign and Reevaluation
(R & R) Supplement (applicable only for the first
quarter of FY 1965)

3. If a codable condition in table I has been derived
from any numbered question, including conditions
correctly carried back from question 16, 17 (purchase
of medicines) code the conditions, and see that the
question number in Col (b), and Cols 13, 14 of the
Condition Card are correct.

4. If it is impossible to determine the source, or if
the condition was volunteered, write "V" in Col (b)
and fill the "V" oval in Col 13

C. **Basic Steps--Con.   Step 1--Con.**

d. **"Dummy" Codes and Cards":** These refer to "missed" conditions. All medical coders must watch for omissions of this kind. The MCC makes cards for these missed conditions but fills only Col. 1, the right margin, and certain other columns as shown below. These "dummy" cards are excluded from HIS total counts of conditions and hospitalizations; their purpose is to record interviewer omissions of this nature.

Note: Do not make a "dummy" card for conditions reported in new table P and NP (fiscal year 1965), which were **not** carried back to table I by the interviewer.

1. **Conditions missing from table I:** Procedures for recording conditions missing from table I are restated in this Manual, as of July 1, 1964, to update them according to the practice in effect in the last half of last year.

The MCQ and the MCC watch for any codable condition appearing in questions 6-12 which the interviewer has failed to enter in table I; they must place a green check beside this condition, bring it down into table I, and fill cols. (a) through (d-1) in green pencil--writing "DK" in (c) and the condition description and code in (d-1). The MCC enters the diagnostic code in Cols. 16-19 of a Condition Card, enters "00" in Cols. 37, 38, fills Cols. 11-14, and fills the "DK" oval in Col. 15.

Also, if Cols. (h) or (i) of table II show a stay for an impairment on Card P, **or** mental retardation or deficiency, or absence of lung, breast, kidney, or of one or both eyes, **or** for a condition on Card A, **or** a stay for **any** illness in the past 2 weeks, **but this condition is missing in table I,** both the MCQ and the MCC must place a green check after this condition in table II, and must bring it back into table I in green pencil, filling Cols. (a) through (d-1). Write "table II" for the question number, check "yes" in Col. (c), and write the condition description and code in Col. (d-1). The MCC enters this missed diagnosis in Cols. 16-19 of a Condition Card, enters "OX" in Cols. 37, 38, fills Cols. 11-13, using the "table II" oval for the question number, and fills the "yes" oval in Col. 15.

Thus, a dummy Condition Card with "00" or "OX" in Cols. 37, 38 represents a condition missing from table I. If "OX" is used, this means a hospitalized condition was not brought back to table I but should have been.

Note: Do **not** make a dummy card, or charge error, if a Card A condition or an impairment is codable in table II, but had no nights in past 12 months, and was **not** carried back to table I by interviewer. However, if such a condition--codable in table II--**was** carried back to table I, or it was already in table I from questions 6-12, code it in table I, if it is codable in table I.

C. <u>Basic Steps--Con. Step 1--Con.--d. "Dummy" Codes and Cards--Con.</u>

    2. <u>Conditions missing from table II</u>: Watch for entries in questions
13 or 15, or other places, such as the note to Interviewer at left
of table II, - that indicate that the person was hospitalized one
or more times but table II does not have an entry for this. Look
through the questionnaire for a footnote or notation that may ex-
plain why these hospital stays are not included in table II. If
some explanation is found, <u>refer to supervisor</u> who will furnish you
with data for completing table II. If no explanation can be found,
and the case is to be treated as a "missed" hospitalization, both
the MCQ and the MCC will place a <u>green</u> check beside the item in 13
or 15, or elsewhere, that indicates a missed hospital stay. The
MCC will make a dummy hospital card, entering "00" in Cols 14,15,
and the appropriate question number in Col 13. <u>See also</u> Step 5,
for special checking for hospitalizations. Births "missed," from
question 15d, get 2 dummy cards, 1 for mother, 1 for child.

    e. <u>Inadequacy Codes</u>: See B, b, of this Section. If a condition or a hos-
pital stay is codable, and is not a "missed" condition, the MCC fills
the columns of the card that are applicable, and ignores the column
headed "Inadequacy or Dummy Code".

    f. <u>Data changed in the field</u>: If the interviewer has made a wrong entry,
and has changed it in the field, code the information as changed.

    g. <u>Table A</u>: Note whether table A has been filled. See Section VII.

<u>Step 2</u>: Coding Whether Acute or Chronic; Conditions to be Deleted

    a. Judge whether a condition in table I is acute or chronic according to in-
structions in Section III of this Manual. Enter in Col (aa) of table I
the following: 1, if chronic; 2, if acute. The MCC will also fill the
proper oval in Col 42.

    b. <u>Conditions to be Deleted</u>: 1. Acute conditions in table I with NEITHER

medical care NOR restricted activity of any kind in the past 2 weeks: If

Col (c) is "no", and there is no evidence of any kind in Cols (e) through
(1) of any kind of disability or restricted activity, line the condition
out in green pencil and do not code it in any way.   If (h) says
"yes", or there were cut-down days or bed-days or work- or school-loss
days, <u>do NOT</u> line out the condition. Also, if Col (c) is blank, DK, or
NA, <u>do NOT</u> line out the condition, regardless of how Cols (e) through (1)
are filled or even if (e)—(1) are all blank.
MCC: Fill Col 15 of the Condition Card (talked to doctor), as entered;
      if blank, fill the "V" oval; if "DK" or "NA", fill the "DK" oval.

    2. <u>Certain</u> chronic conditions in table I, corrected by surgery prior to
the past year, may be deleted, provided there is no present effect,
and no activity or mobility restriction or limitation of any kind in
the past 2 weeks or in the past year, and with blank in (u) <u>and</u> (w).
<u>See</u> Section IV for further details.

    3. Watch for acute-type conditions in table 1, such as "swallowed poison",
or "pneumonia", with no days of cut-down in the past 2 weeks, which
have been brought back by the interviewer from table II or elsewhere
to table I, <u>in error</u>; conditions of this kind, and others not related
to chronic conditions on Cards A or B, with no days of disability in
the past 2 weeks, may be deleted in table 1; but consult supervisor
first.

    4. Stays in table II for <u>well</u> newborn babies: line out in red pencil; but
do <u>not</u> delete stays for prematurity or any abnormality.

C. Basic Steps--Con.

Step 3: Assigning Diagnostic Codes and Where to Enter Them

Medical coders judge how many separate codable conditions a person has, and what the diagnostic code for each should be, according to detailed instructions in later sections of this Manual.

a. **Number of digits per diagnosis:** Each diagnostic code must have 4 digits. If a code has only 3 digits--for example, anemia 293--use "X" for the 4th digit, and enter 293X for the diagnosis.

b. **Total number of diagnoses, per person, table I:** Medical coders determine, after deleting and sometimes combining certain conditions, how many conditions a person has. The MCQ makes no entry for number of conditions. However, this is an important step for the MCC, in preparing the Condition Card. If a person has no conditions in table I, no Condition Card is made. If the person has one or more conditions, Cols 39 and 40 of the card must be filled. Col 39 is for the total number of conditions a person has, and Col 40 tells whether the condition is the first or only, or is the second, third, fourth, etc. of multiple conditions for this person.
If the total number is 9 or more, fill the "9+" oval.

c. **Where to enter the diagnostic codes:**
The MCC enters the diagnostic code for a condition in table I in Cols 16-19 of a Condition Card; and the diagnostic code for a hospital stay in Cols 25-28 of a Hospital Card.
The MCQ writes her diagnostic codes on the questionnaire as follows:
In table I: If the diagnostic statement in a line requires only one code, enter it in Col (d-1) above the interviewer's statement; if it requires a second code, enter it in Col (d-2); if a third, in Col (d-3). When there are multiple codes per line they are usually all acute or all chronic. In rare cases when one is chronic, and others are acute, make use of the first unused lines of table I, to enter there the codes for the acutes, duplicating the data for Cols (a), (b), (c), and (e) through (o), but entering "2", acute, in Col (aa) of the new line, and leaving Cols (p), (q)-(w) blank. In table II: The MCQ enters the diagnostic code for the hospital stay in Col (h). Only one diagnosis per hospital stay is coded and only one Hospital Card per hospital stay is made.

Step 4: Recording Additional Facts about Injuries and Accidents:

Basic Steps--Con.   Step 5

Step 5: Coding Hospitalizations: Instructions for determining the diagnostic and operative codes for hospitalized deliveries and all other conditions are given in Sections VIII and IX of this Manual. Following are other procedures necessary for coding table II.

   a. Special checking:

      Effective July 1, 1964, check questions 13, 15, and the "note to the interviewer" in left margin of table II, as follows: If "yes" has been checked in question 13, verify that there is an entry for that person in table II for each time mentioned. Also verify that a line of the table has been filled for the number of hospitalizations indicated in the "note to the interviewer".

      If question 15(c) is "yes" and the date in 15(d) is since the date stamped in question 13, there should be lines of table II filled for mother and infant. (Note: The hospital experience for the mother is coded; births of well newborn infants are not coded, but if the infant is premature or stays for any abnormality, such stays are coded.)

If col. (d) of table II has an entry of "none," the interviewer should have deleted this hospitalization by drawing a line through this entry in table II. If she has failed to do so, and cols. (e) and (f) have no entry of nights, draw a line through this entry and do not fill the hospital card for this hospitalization. If "none" is entered in col. (d) but cols. (e) and/or (f) have entries, refer to your supervisor.

Cols (c) through (g) should be checked carefully and all inconsistencies should be referred to the supervisor. This inconsistency check should include such items as:
   (1) Verifying that some part of the hospital stay occurred between the date stamped in question 13 and the Sunday night prior to the week of interview.

   (2) Check that the date of admission is not after the date of Sunday prior to the week of interview.

   (3) Check that the date of admission is consistent with the entries in Cols (d) and (e):

      (a) If the date of admission is within the 12 month period prior to week of interview, Cols (d) and (e) should have the same entries.

      (b) If the date of admission is prior to the past 12 months the entry in Col (d) should be greater than Col (e).

   (4) Verify that entries in Col (f) (nights in the past 2 weeks) are consistent with Col (c) date of entry and Col (d) number of nights in hospital and be sure the entry in Col (f) is not larger than the entries in Cols (d) and (e).

C. Basic Steps--Con.

Step 5: Hospitalizations--Con. Checking Cols (c) - (g)--Con.

(5) Verify the correctness of the entry in Col (g) by the entries in Cols
(c) and (d). (Use a calendar.)

(a) If col (g) is checked "No," the number of nights in Col (d) added
to the date of admission in Col (c) may be equal to but cannot ex-
ceed the date of Sunday prior to the week of interview.

(b) If Col (g) is checked "Yes," the number of nights in Col (d)
added to the date of admission in Col (c) must include the date
of Sunday prior to the week of interview.

The following examples relate to a date of interview of July 21, 1964;
Sunday prior to week of interview was July 19, 1964; date stamped in
Q.13 is June 1.

Month	Col c Day	Year	Col d	e	f	g	Comments
July	15	1964	4	4	4	No	1/
July	15	1964	5	5	5	Yes	2/

1/ This person entered the hospital on July 15, 1964 and stayed 4
nights; discharged on July 19, 1964 so he was not in the hospital
Sunday night.

2/ This person entered the hospital on July 15, 1964 and reported
staying 5 nights prior to the week of interview; therfore, he must
have been in the hospital Sunday night.

Both of these examples show proper entries which could be transcribed
without referring to supervisor.

(6) If "Yes" is entered in Col (g) Col (f) should have an entry of nights.

C. Basic Steps--Con. Step 5--Con.

b. Codes for Cols. 29-35 of the Hospital Card-(col i of the question-
naire): Examine Col. (i) of the questionnaire. Was the diagnosis
surgically treated, and if so what was the name of the operation?
At the left of Col. (i), the MCQ enters one of the following codes:
   X = Operation, for the coded diagnosis
   0 = Operation, but not for the coded diagnosis
   1 = Operation, but unknown if for the coded diagnosis
   2 = No operation done, or unknown if operation was done.
The MCC enters this code in Col. 29 of a Hospital Card.

If one or more operations were performed, code each as instructed
in Sections VIII or IX. The MCQ enters these, separated by dashes
if multiple, at the right of Col. (i). The MCC uses Cols. 30-35
of the Hospital Card, according to whether one or more operations
were done. If no operations were performed, Cols. 30-35 will be
blank, and the code in Col. 29 will be "2".

c. Codes for Cols. 16-19, 21-24, and 37-40 of the Hospital Card:

This information is recorded by the MCC only.
Date of entry: Check Col (c). Transcribe month, day, and year
in Cols. 16-19. If any entry is "blank" or "DK," refer to
supervisor. Also refer any date prior to January 1, 1956.

Nights in Hospital: Transcribe the number of nights in Col. (d)
to Cols. 21-24 of the card. If months or years are entered on
the questionnaire, convert to nights on a 30-day month or 365-day
year basis. If entry in Col. (d) is blank or "DK", refer to
supervisor.

Hospital Identification: This is a 4-digit code to be entered in
Cols. 37-40. The first 2 digits indicate "Type of Service", and
the 3rd and 4th indicate "Ownership". For example, "0212" is the
code for a psychiatric state hospital. For detailed instructions
for coding Cols. 37-40 see transcription instructions issued by
Census.

Step 6. Recording Disability, and Items beyond Col. (aa), Table I:

a. Editing Responsibilities-Revised July 1, 1964:

All medical coders must inspect and edit, if required, each
retained line in Table I for consistency with respect to days of
disability and items beyond Col. (aa).

1. If a condition is in Table I, and also in Table II, check and
correct if necessary, in green, so that Col. (j) of Table I
includes the number of the nights in the hospital in past 2 weeks;
and if the condition is chronic see that Col. (q) of Table 1 in-
cludes the number of the nights in the hospital in past 12 months,
and that Col. (r) includes any nights in past 2 weeks for this
chronic condition. If a correction of this type makes "cut-down"
in past 2 weeks inconsistent, change those items.

Make these adjustments first if necessary before applying
any of the following rules which may also be applicable.

C. Basic Steps--Con.   Step 6--Con.

    a. Editing Responsibilities--Con.

2. If Col (r) has bed-days in past 2 weeks, and these are more than those in (j), change (j) to agree with (r). After adjustment, if days in (j) are greater than (i), change (i) to agree with (j). If (j) is equal to or larger than (r), do not change (j) or (r). Editing of this kind will be made in red pencil.

3. If Col (q) has 365 days, (f) and (h) should say "yes", and (i) and (j) should have 14. If (q) is less than (j), change (q) to agree with (j). If days are "DK" in (q), but there are known days in (j), edit (q) to agree with (j).

4. If, by the rules, a condition must be coded as chronic, but has been stopped at Col (aa) in error, adjust for blanks beyond (aa) on the questionnaire in green, as follows:
      Insert in (q) and (r) any known bed-days in past year-from (j) or table II; if none are known, leave (q) and (r) blank. Check "none" box in (s) if Col (c) is "no"; if (c) is "yes", leave (s) blank. Leave Cols for limitation of activity and mobility blank. If the interviewer could not have recognized this as a chronic condition, adjust blanks in red.

5. If, by the rules, a condition must be coded as acute, but the interviewer has carried it beyond Col (aa), strike out the entries beyond (aa) in red pencil, but make use of them, if applicable, to edit bed-days in past 2 weeks, or to edit for entries relating to activity or mobility limitation.

6. If, by the rules, a condition could be acute or chronic, but (m) is blank, and (n) (during 3 mos) is checked, AND there are entries in (p) and beyond Col (aa), consult supervisor who will advise whether this condition should be edited and coded to "acute" or to "chronic".

7. Inconsistency between Col (s) (number of Dr. visits in past 12 mos) and Col (c): It is not necessary to check (s) against (c), unless (s) is blank for a chronic condition--see also Step 6, i.

8. Facts in Cols (t) - (w) (Activity and Mobility Limitation): If these are filled in a line which "merges" with another line, or on the line for something that has to be coded as acute, or that has to be deleted altogether, make use of the data, if applicable, to edit the retained lines. See also item 5 above, and Steps 6, j and k.

C. **Basic Steps--Con.   Step 6--Con.**

    b. **Condition Days in Past 2 Weeks, table I:**

Cols (e) - (1) of the Questionnaire show whether or not any codable condition, acute or chronic, caused days of disability in the past 2 weeks. The MCC determines the proper entries to be transcribed to Cols 30-35 of <u>every</u> Condition Card she makes (excluding "dummy cards").

Cols 30,31 of the card are for days of "cut-down"--from (i) of the questionnaire. Cols 32,33 are for days in bed--from (j). Cols 34,35 are headed "Time Lost"--derived from (k) <u>OR</u> (1). "Cut-down" days and bed-days refer to persons of any age. However, the interviewer is not supposed to ask about loss of "time" if the person is a child under 6, and Cols (k) and (1) could both be blank for <u>this</u> reason. Col (k) represents days lost from school for persons 6-16; Col (1) is for days lost from work for persons 17 and over.[1] If (k) is filled, (1) should be blank and vice versa. If it is known that a person 6-16 works in addition to going to school, record only his school-loss; and if a person 17+ goes to school in addition to working, record only his work-loss. NOTE: <u>Coders need not refer to the actual age of the person except in the following situations</u>:

    1. If (k) and (1) <u>both</u> are blank, but there are known or "DK" days of "cut-down" in (i), check age; if under 6, transcribe Col 34 as "under 6 yrs." If the person is over 6, enter "00" in Cols 34,35.

    2. If (k) and (1) <u>both</u> are filled, but <u>could</u> apply in one of them, check age; if the person is 6-16, transcribe to Cols 34,35 only the entry in (k); if 17+, transcribe only the entry in (1).

In rare cases when <u>all</u> of the Cols (i) - (1) are blank, proceed as follows:

    Look at Cols (g) and (h):
        If (g) is checked, transcribe "00" in Cols 30, 31 and leave Cols 32-35 blank.
        If (h) is checked, transcribe "DK" in Cols 30, 31, and "00", "00" in Cols 32, 33 and 34, 35.
        If blank in (g) and (h), transcribe "00" in Cols 30, 31, and leave Cols 32-35 blank.

    If Cols (g) and (h) are DK, inspect Cols (e) and (f):
        If Col (e) is checked, transcribe "00" in Cols 30, 31, and leave Cols 32-35 blank.
        If Col (f) is checked--(i.e. there <u>was</u> cut-down) transcribe "DK" in Cols 30, 31, and "00", "00" in Cols 32, 33, and 34, 35. If blank or "DK" in (e) and (f), transcribe "00" in Cols 30, 31, and leave Cols 32-35 blank.

[1]With yes in questions 5a and 5b.

C. Basic Steps--Con.   Step 6--Con.

    b. Condition Days in Past 2 Weeks table I--Con.

When these "days" in past 2 weeks are in order, and any are
applicable for Cols 30-35, they can be 01-14, but must never
exceed 14; if 14+, transcribe as 14. With the exceptions noted
above, transcribe "DK" as "DK", and "none" or blank as "00".

    c. Interviewer Error - for Col 36 of the Card: (for MCC only):

If the interviewer has omitted or handled improperly any part
of Cols (e)-(1) of the questionnaire, transcribe as "V". If
the interviewer failed to correct Cols (e - 1) on the basis of
an entry in table II, transcribe as "V". Do not charge as
error if "DK" or covered by footnote. Do not charge as error
if Col (j) is adjusted from Col (r). If there are 365 days
in (q), charge error if (i) and (j) are not 14.

If 1 line of conditions requires 2 or more diagnostic codes
(and cards) this error code, if applicable, must be entered on
each card.

C. Basic Steps--Con.   Step 6--Con.

  d. Person-days of disability in past 2 weeks:

  "Person-days" in past 2 weeks refer to the sum total of the days
  of disability in the past 2 weeks caused by all of one person's
  conditions, acute or chronic. If a person has only one condition,
  the MCQ makes no entry on the questionnaire about days. But if a
  person has 2 or more codable conditions, acute or chronic, the MCQ
  will compute the number of days, as shown below, and will enter
  them in Col (d-4) of the last line of multiple lines for a person.
  The MCC records the number of person-days of disability in the
  past 2 weeks in Cols 23-28 of the first of one or more Condition
  Cards she fills for each person, but leaves Cols 23-28 blank on
  the others of multiples for this person.

  Cols 23, 24 (the first 2 digits) are for person-days of "cut-
  down", computed from Col (i); Cols 25, 26 (the next 2 digits) are
  for person-days in bed, from Col (j); Cols 27, 28 (the last 2
  digits) are for person-days of the time lost, computed from Col
  (k) OR (1).

  Person-days of disability in past 2 weeks cannot be assigned until
  all separate codable conditions have been judged and edited with
  respect to disability in the past 2 weeks - in accordance with
  rules in Step 6,a and b. The following procedures are based on
  the assumption that the MCQ has noted these instructions, and that
  the MCC has already filled out each Condition Card by the in-
  structions in Step 6,a and b.

C. Basic Steps--Con.   Step 6--Con.

d. Person-days of Disability, Past 2 Weeks--Con.

First, look at Col (i) of the questionnaire for all of a person's conditions, or Cols 30,31 of his Condition Cards. If there are days of "cut-down", add them together if they do not overlap. If they overlap, this will be shown by a footnote on the questionnaire. The procedure will then be to add the days for all conditions reported for the person and then to subtract the number of overlapping days shown in the footnote (s). If the footnote simply says, "overlapping" without giving a number, assume that the days reported were all overlapping, and include in the addition only the days for the condition with the longest disability; or if the "cut-down" days are equal, include the days from one condition only.

Examples: Adding Person-days of "Cut-down", (restricted activity), past 2 weeks

Example 1:	Col (i)	Example 2:	Col (i)
Arthritis	7 $\underline{1/}$	Hypertension	3 $\underline{1/}$
Cold	4 $\underline{1/}$	Hernia	3 $\underline{1/}$
Indigestion	2	Hay fever	4 $\underline{1/}$
	10	;	4
$\underline{1/}$ 3 days overlapping		$\underline{1/}$ These days overlap	

Note: The number of "cut-down" days can never be less than the number of bed-days or time-lost days for a person: If the "cut-down" days are less, change them to equal the larger of the days of the other kinds of disability days for this person.

In no case must the result in any one column total more than 14 days. If it does total more than 14, code only 14 days. In rare cases in which a new line has been made, as in Step 3c, regard the days of disability as all overlapping.

Add, in the same manner, the bed-days in (j), or in Cols 32,33 of each Condition Card, for your entry for this person's bed-days in past 2 weeks.

If age has been checked in situations outlined in Step 6b, and you know the person is under 6, the MCQ will use "X" for "time lost"; and the MCC will transcribe "under 6 yrs." for Col 27, if "under 6 yrs." was used for Col 34 of any Condition Card for this person. In other situations, add the school-loss days OR the work-loss days, in the manner shown above, for your entry for person-days of "time lost".

If a person, not checked for age, has no days of disability of any kind, entries will read 00-00-00. If there are multiple conditions, and one of them caused 1 or more days of "cut-down", for example, and others had "DK", "none" or blank, in this column, use the known number of days, for this person's days of "cut-down"; but if all in a given column are "DK", blank, or "none" (00), use "DK" in summarizing that kind of disability for this person.

C. Basic Steps--Con.   Step 6--Con.

    e. <u>Date of onset (Cols (m) - (p)</u>: Both the MCQ and the MCC need this
        data in order to judge whether a condition is acute or chronic.
        The MCC records this data in Col 41 of the condition card.
        There should be an entry in (o) <u>or</u> (p). Transcribe this entry to
        the corresponding oval in Col 41. If "before 2 weeks" is checked
        in Col (o), fill the "2 wks. - 3 mos." oval. If both (o) and (p)
        have an entry, transcribe entry in (o) <u>if (n) is checked</u>; tran-
        scribe entry in (p) <u>if (m) is checked.</u>
        If both (o) and (p) are blank or "DK", <u>and if (n) is checked</u>, tran-
        scribe as "During 3 mos DK"; if (m) is checked, transcribe as "Be-
        fore 3 mos DK".

        If (m) and (n) are blank or "DK", and (o) and (p) are blank, check
        other sources on the questionnaire such as Col (q) of table I, or
        Col (c) of table II, or item 1 of table A, for some indication of
        when this condition had its onset. If unable to determine, tran-
        scribe blank as "V" - "DK" as "DK".

        <u>Special instructions</u>: During fiscal year 1965 some of the inter-
        views will be reported on a special buff colored questionnaire.
        This questionnaire is similar to the regular questionnaire, except
        for a modification of Col (p). The entry in Col (p) may indicate
        the specific month and year the condition had its onset. It will
        be necessary to determine if this date is over or under 12 months
        from the date of interview and to transcribe Col 41 of the Card
        accordingly.

        If Col (m) is checked, a month and year will be in Col (p) or the
        "over 3 yrs" box will be checked. If a month and year is entered,
        check the date in the first column of item 16 (record of calls at
        household), on the front of the questionnaire. If the date in Col
        (p) is clearly more than 12 months ago, transcribe Col 41 as "12
        mos+". If the date in (p) is less than 12 months ago, transcribe
        as "3-12 mos." If the entry in (p) is 1 year ago and in the same
        month, transcribe as follows:

        If the day entered in item 16 is any from 1 through 15, transcribe
        as "3-12 mos".
        If the day entered in item 16 is 16-31, transcribe as "12 mos+".
        If the "over 3 yrs" box is checked, transcribe as "12 mos+".

        If Col (p) is DK, transcribe as "before 3 mos DK". If Col (n) is
        checked, transcribe Col (o) in accordance with the rules outlined
        for the regular questionnaire, in Step 6,e, above.

    f. <u>Chronic or not</u>: Judge whether a condition is chronic or not ac-
        cording to instructions in Section III of the Medical Coding Man-
        ual. Both the MCQ and the MCC will write "1" if chronic, or "2"
        if acute, in Col (aa) of the questionnaire. The MCC will also en-
        ter this code in Col 42 of every condition card made.

        If all conditions are coded 2 (acute) for this person, leave Cols
        43-54 of the card blank. If there are chronic and acute condition,
        for this person, complete 43-54 for the chronics; for the acutes
        for this person complete 46-48, 51-54, leaving 43-45 and 49, 50
        blank.

C. Basic Steps--Con.   Step 6--Con.

g. **Condition bed disability in past 12 months.** The MCC must fill Cols
43-45 for every Condition Card made for a <u>chronic</u> condition for this
person. First, both the MCQ and the MCC must edit each line for
consistency as shown in Step 6a of this Manual. If "none" is checked
correctly in Col (q), transcribe "000". If days are entered, trans-
cribe as 3 digits. Days in (q) cannot exceed 365. If more than
365, code as 365. If 365 is in (q), Col (j) should be 14.

If "DK", "NA", "can't remember" are reported in (q), and cannot be
edited, transcribe as "days DK". If blank, transcribe as "000".

h. <u>Person days of bed disability:</u>/in past 12 months These refer to the total of the bed-
days in the past year caused by <u>all</u> of one person's chronic condi-
tions. If the person has only one chronic condition, the person
bed-days in past 12 months will be the same as the condition bed-
days for this person's single chronic condition. If the person has
only one chronic condition, the MCQ makes no entry, on the question-
naire, but if the person has multiple chronics, the MCQ sums the
bed-days, and enters this figure in Col (q) of the last line of this
person's chronic conditions.

The MCC enters the person days of bed disability in past year in
Cols 46-48 of <u>each</u> <u>card</u> for a person who has one or more chronic
conditions. This applies even though this person may have one or
more cards for acute conditions <u>also</u>. For example if a person has:
1, a codable acute cold, and 2, diabetes, and had 30 bed-days in
past year because of his diabetes, this 30 days is entered in Cols
46-48 of the card for the cold, and also in Cols 46-48 of the card
for the diabetes.

When there are multiple chronic conditions, add the number of bed
disability days in Col (q) for all conditions. If none, enter
"000".
If "days DK" for one or more conditions, and all others are blank,
"none" or "DK", enter total as "days DK". If one or more days are
entered for any conditions, use these days. For overlapping days,
use the rules in computing person days of disability in past 2 weeks,
shown in Step 6,d of this Section. Total days should never exceed
365. If more than 365, use 365.

i. **Number of doctor visits in past 12 months (effective July 1, 1964):**

If the condition is codable as acute, leave Cols 49, 50 of the card
blank. For each <u>chronic</u> <u>condition</u>, fill Cols 49, 50 as follows:
    If (s) is "none", fill "00"; if 01-99, transcribe as entered;
    if more than 99, transcribe as 99.
    If (s) is "DK", fill the "DK" oval.
    If (s) is blank for a chronic condition, refer to Col (c):
            if (c) is "no", fill 49, 50 as 00;
            if (c) is "yes", fill the "V" oval;
            if (c) is "DK", fill the "DK" oval.

C.   Basic Steps--Con.   Step 6--Con.

j.   Degree of limitation of activity (Col (t)) - Revised July 1, 1964:

If, after editing, as in Step 6,a, the person has one or more codable
chronic conditions, the MCC will fill Col 51 of each Condition Card for
this person, whether the condition is acute or chronic. If all of a
person's conditions are acute, leave Cols 43-54 blank.

If Col 51 is to be filled, transcribe as follows:
      If (t) is blank or has a check mark instead of a code
        for all conditions, fill the "V" oval.
      If (t) is "DK" for all conditions, fill the "DK" oval.
      If (t) is 1,2,3, or 4, fill as entered.
      If you have filled V, DK, or 4, leave Col 52 blank on all cards.

      If the person is limited in activity, but only because of acute
      condition(s), as described below, fill the "4" oval, and leave
      Col 52 blank. (4 = not limited.)

k.   Conditions contributing to limitation of activity (Col (u)) - Revised,

July 1, 1964:

For each Condition Card with 1, 2, or 3 filled in Col 51, the MCC will
fill Col 52 as follows:
      Fill the "yes" oval for each chronic condition that has "X" in
        Col (u).
      If one or more of the chronic conditions have "X", and one or more
        of the acutes also have "X", fill the "yes" oval for the chronic
        conditions, but the "no" oval for the acutes.
      However, if none of the chronics have an "X", but one or more of
        the acute conditions do have an "X.", leave Col 52 blank, since
        these persons are to be coded as "4" (not limited in activity),
        as mentioned in item j, above.

If no condition among one or more chronic conditions has an "X" in
Col (u), transcribe as follows:
      1.   If the person has only one codable chronic condition, and
           the "yes" box is checked in Col (u), edit to "X", and fill
           the "yes" oval; if the "no" box is checked, fill "no"; if
           entry is DK or blank, fill "V".

      2.   If the person has more than one codable chronic condition,
           and the last one only has "yes", "DK", or is blank, and
           "X" in Col (u) has not been indicated, fill "V" in Col 52
           of every Condition Card for this person.

      Note: If there are multiple chronic conditions and none has "X"
      in Col (u) but each has the "yes" or "no" box checked in Col (u),
      edit to "X" all that have the "Yes" checked, and fill the "Yes"
      oval for those edited to "X", and fill the "no" oval for the
      others.

C. **Basic Steps--Con.   Step 6--Con.**

1. **Degree of limitation of mobility (Col (v)) - Effective July 1, 1964:**

   Note: Limitation of mobility was included as an item in the questionnaire for the first 4 years but was not included for the 5th—7th years. For fiscal year 1965, there are 5 statements about mobility limitation instead of 4 - as formerly.

   If, after editing, as in Step 6,a, the person has one or more codable chronic conditions, the MCC will fill Col 53 of each Condition Card for this person, whether the condition is acute or chronic. If all of a person's conditions are acute, leave Cols 43-54 blank.

   If Col 53 is to be filled, transcribe as follows:
       If (v) is blank or has a check mark instead of a code
         for all conditions, fill the "V" oval.
       If (v) is "DK" for all conditions, fill the "DK" oval.
       If (v) is 1, 2, 3, 4, or 5, fill as entered.
       If you have filled V, DK, or 5, leave Col 54 blank on all cards.

   If the person is limited in mobility, but only because of acute condition(s), as described below, fill the "5" oval, and leave Col 54 blank. (5 = not limited.)

m. **Conditions contributing to limitation of mobility (Col (w)) - Effective July 1, 1964:**

   For each Condition Card with 1, 2, 3, 4, in Col 53, the MCC will fill Col 54 as follows:
       Fill the "yes" oval for each chronic condition that has "X" in Col
         (w).
       If one or more of the chronic conditions have "X", and one or more
       of the acutes also have "X", fill the "yes" oval for the chronic conditions, but the "no" oval for the acutes. However, if none of the chronics have an "X" in Col (w), but one or more of the acutes do have an "X", leave Col 54 blank, since these persons are to be coded as "5" (not limited in mobility) as mentioned in item 1, above.

   If no condition among one or more chronic conditions has an "X" in Col (w), transcribe as follows:
       1. If the person has only one codable chronic condition and the "yes" box is checked in Col (w), edit to "X", and fill the "yes" oval; if the "no" box is checked, fill "no"; if entry is "DK" or blank fill "V".

       2. If the person has more than one codable chronic condition, and the last one only has "yes", "DK", or is blank, and "X" in Col (w) has not been indicated, fill "V" in Col 54 of every Condition Card for this person.

   Note: If there are multiple chronic conditions and none has "X" in Col (w), but each has the "yes" or "no" box checked in Col (w), edit to "X" all that are checked "yes", and fill the "yes" oval for those edited to "X", and fill the "no" oval for the others.

C. Basic Steps--Con.   Step 6--Con.

n. Interviewer Error with Respect to Entries for Bed-Days in Past 12 Mos.

The MCC fills the "V" in Col 63, if Col (m) is checked, or if
Col (p) is checked and (m) is blank, or the condition is on
Card A, or is an impairment, and in addition:
1. Col (q) is blank, OR
2. The days in (q) are less than the days in (j), OR
3. The interviewer failed to correct (q) on the basis of an
    entry in table II.

Do not charge error if "DK" or covered by footnote.

If one line of conditions requires 2 or more diagnostic codes (and
cards), this error code, if applicable, must be entered on each card.

A. "Chronic",
   Defined

For NHS, a chronic condition is defined, generally, as any condition 3 mos+, except pregnancy, and certain conditions, listed in B, below, whether 3 mos+ or not. Chronic conditions are coded "1" in Col (aa), and are included whether or not they had medical care or caused restricted activity. Full details about the coding of impairments will be found in Section VI; any condition with "X" in the first digit is a chronic or permanent impairment. For conditions due to injury, see Section VII; any condition with .9 in the 4th digit is a chronic condition due to injury.

B. Conditions
   Always
   Chronic
   Regardless
   of Date of
   Onset

The following terms--from the Check Lists (cards A and B) used by the interviewers--and certain related terms are treated as chronic, whether they are 3 mos+ or not:

Tuberculosis, any site or stage
Neoplasms; cysts; growths; polyps
Hay fever, asthma, or other allergy; (excluded, however, are:
    current reactions, allergic or not, complicating medical or
    surgical procedures, codable to 997-999 and as acute; and
    poison ivy, allergic or not, and other dermatitis codable to
    702, 703 which are coded chronic only if 3 mos+.)
Bronchiectasis; Emphysema
Any thyroid gland condition including goiter
Diabetes
Mental illness of specified, well-defined types as in ICD 300-324
Mental deficiency or retardation
Organic diseases of the central nervous system and eye, such as:
    stroke or other conditions in ICD 330-334; epilepsy;
    multiple sclerosis; paralysis agitans (Parkinson's disease),
    any cause; refractive errors; cataract; glaucoma; retrolental
    fibroplasia
Rheumatic fever, active or inactive
Heart disease, any type or cause; Hypertension; Arteriosclerosis
Varicose veins; Hemorrhoids
Hernia; Ulcer of stomach or duodenum
Calculi (stones), any part of urinary system
Any prostate condition
Arthritis or gout, any cause; rheumatism (muscular); (however
myalgia, pain, stiffness, lumbago, fibrositis, myositis must
be 3 mos+ to be coded as chronic.)
Any congenital condition
Atrophy, fibrosis, sclerosis, contracture, degeneration, deformity, dystrophy--and synonyms thereof--of any site.
Cleft palate; Cerebral palsy; Clubfoot; Flatfoot.
Loss of eye, limbs, nose, ears, breast, kidney, lung.

C. **Check List Conditions, Chronic, Only if 3 mos+**   The following, also related to the Check Lists, are coded as chronic only if 3 mos+. Effective July 1, 1959, any of the following, with onset -3 mos, will be treated as acute, and if there has been no medical care or restricted activity, as determined in Step 2 of Section II, these may be deleted from the questionnaire and not coded in any way. ("Trouble" of the sites mentioned excludes, of course, tuberculous, neoplastic, cystic, allergic, psychogenic and arteriosclerotic forms, referred to in B above):

Bronchitis	Paralysis
Sinus trouble	Numbness or other sensation disorder
Gallbladder trouble	Trouble in hearing or of ears
Liver trouble	Trouble in seeing or of eyes, not
Stomach trouble	cataract, glaucoma, refractive
Kidney trouble,	error, or retrolental fibroplasia
except stones	Trouble or stiffness, back or limbs
Skin trouble	Speech defects or trouble
Mental or nervous	
trouble in 327	

Special rules for coding impairments, -3 mos, will be found in Section VI.

Any of the above, in C, with onset 3 mos+, are coded as chronic, and are not to be deleted even though they are reported without medical care or restricted activity.

D. **"Acute" Defined**   For HIS, an acute condition is defined generally as any condition not included in B, above, and one of usually short duration with onset -3 mos; it includes also conditions in C, above, if they are -3 mos. Acute conditions are coded "2" in Col (aa). An acute condition must have either medical care or restricted activity, or both, in order to be included. As of July 1, 1962, an acute condition with "unknown" medical care is counted with acute conditions having known medical care. Examples of acute conditions are: colds and other acute disorders in 470-475; deliveries and all conditions in 640-689; current injuries with 8 or 9 in the first digit and a 4th digit other than .9; and the following modified symptoms coded 780.2, 780.5, 781.5, 781.6, 781.7, 783.5 and 787.0-787.7.

E. Diagnostic
   Codes Differ-
   ing if Acute,
   Chronic, or
   Unspecified

1. Diseases with a third ICD code for unspecified whether acute or chronic, as in bronchitis (501), otitis media (392.2), nephritis (593) etc:

   a. Table I: Don't use such codes. Use all the information in Table I, and all the guides listed in this Section to judge whether the evidence points to acute or to chronic, and whether "2" or "1" should be entered in Col (aa); use the diagnostic code for acute or for chronic according to the code entered in Col (aa). "1" or "2" must be entered in Col (aa) - never NA, or DK. Note that Col 42 of the condition card has no oval for "DK", "NA," or "V" (blank).

   b. Table II: If the condition is in table II only, and the date of onset is not known or indicated, use the "unspecified" diagnostic code.

2. Diseases with one ICD code for acute, a second for chronic:

   a. If the condition is always "1" (chronic) in Col (aa), regardless of onset, as in rheumatic fever, myocarditis, arthritis, an ICD category covering acute types may possibly be used for the diagnosis code, but the code for Col (aa) must, nevertheless, be chronic. When the onset of a "chronic" condition is under 3 mos, and ICD has one number for acute and another for chronic, and the diagnostic information does not indicate an acute type, use the diagnostic number for the chronic form. See also d, below.

   b. If the code for Col (aa), or Col 42 of the card, can be chosen according to date of onset, use the diagnostic code for chronic if 3 mos+, and the one for acute, if-3 mos.

   c. If the condition is in table II only, and it is not "diseased tonsils," assume that the condition was acute at the time of the hospital admission; code "diseased tonsils," reported in table II only, to 510.0 (chronic).

   d. Effective July 1, 1964: Tonsils conditions in 473, if acute, and in 510.0, if chronic:
      Any of these in table I with surgery for them in table II, code 510.0-chronic - in table I, regardless of date of onset, and 510.0 in table II.
      Any of these in table I only, code in table I by date of onset.

This section deals with general rules for selecting the 4-digit code for the diagnosis. Special or additional rules for hospital stays, and for impairments, injuries, complications of childbearing, and for "combining and merging" are in later sections.

A.   The Objective

The objective, in diagnosis code selection, is to make use of all of the information on the questionnaire to obtain the best possible description of the kind of disease and the part of the body affected, avoiding if possible the use of a symptom or ill-defined category, and neither overcoding nor undercoding.

Whereas this Manual and the Short Index provide for most of the cases you are required to code, there will probably always be a small percent of unusual, complicated, or vague diagnostic statements that may cause coding problems. Coders and verifiers are urged to "spot" problems, and to seek supervisor help for cases which may require special knowledge or special judgment in order to assign the proper code or codes.

B.   Expressions Indicating Doubt

Here we are referring to reports in which the respondent is not positive about the main diagnosis in (d-1), its cause in (d-2), and/ or its "kind" in (d-3). If a single condition in (d-1) says "possibly---", or "probably---", code _that_ condition as if no doubt existed.

If (d-1) gives 2 reasonable possibilities, choose the first. If (d-1) says "rash like acne", or "pain like arthritis", and (d-2) is blank or DK, code the symptoms-rash or pain-only. When something well-defined resembles or is "like" something else, and both are reasonable, select the first.

If there are 2 reasonable possibilities in (d-2)--for a cause of an impairment or symptom--accept the first one. Question all choices of cause that are highly unlikely to be medical causes. If the person has a history of old rheumatic fever, or arrested tuberculosis, and he thinks one of these may be the cause of his present condition, but is not sure, we record these as _history_, under special codes 403 or 009, and not necessarily as causes.

If there is doubt in (d-3) about the "kind" of an ill-defined trouble in (d-1), prefer the condition in (d-1). In all situations reflecting respondent uncertainty-particularly as to causes and kinds, and you are not sure how to judge, consult the supervisor.

C. **"Overcoding"** **"Undercoding"**   There are certain provisions for using one code when 2 or more related sites or diseases are involved, or when 2 or more sites are affected by the same disease. If the code for 2 diseases is the same, or if they are within the same 3-digit category, but have different 4th digits, use only one of these per person. For example, if the person has hay fever and rose fever, code 240 only; or if he has one or more defects in 754, or in 744, code only one of these according to which creates the most disability, or is the more specific. To use separate codes when one is sufficient, is called "overcoding"; to fail to code separately those conditions that do not combine or reduce to one code, is called "undercoding".

D. **"Arrested"**, **"Inactive"**, **"Corrected"** **Chronic** **Conditions** **in (d-1) or** **(d-2), table I**

These create coding problems. **Effective July 1, 1964**, procedures are restated as follows:

a. "Arrested" or "inactive" tuberculosis, or anything due to it whether or not surgery is involved, **always** code, to 009*. If some real symptom on Card D is due to "arrested" tuberculosis code 009 only. If some chronic disease, or something codable to the X-Code is due to "arrested" tuberculosis, code this residual and also 009*.

b. Rheumatic fever, inactive in the past year is to be coded to 403*, **See also** Appendix III, 403.

c. Infections, not in a or b, above, and reported in (d-2) as the cause of impairments, **and which do not have a line of their own**: regard these as inactive; code the impairment with the proper 4th digit, but don't code this infection separately.

d. For other conditions, said to be "arrested" with surgery involved, **see** H, of this section. If surgery is **not** involved and some codable chronic "arrested" condition is mentioned, with no mention of how long it has been arrested, code it, whether or not it caused disability or limitation in the past year. **However**, if the person **says** that the condition has been "arrested" or "cured" (etc.) for more than 1 year, and the condition has caused no ill-effects, and no disability or limitation of any kind in the past year, delete the condition in red pencil.

e. When surgery is not involved, and the person has some real symptom on Card D due to a codable chronic "arrested" condition, ignore this symptom; however if the person has some chronic disease or impairment due to this codable "arrested" condition, code the residual effect **also**.

f. **Examples:**
   1. Arrested glaucoma-no disability-no other data; code glaucoma.
   2. Had cancer 3 years ago-no surgery, disability, or ill-effects in past year; delete.
   3. Arrested cancer-no disability-no other data; code cancer.
   4. Nerves due to arrested cancer-no disability-no mention of how long arrested, code nerves **and** cancer.

E. **"Symptoms,"**   Card D, used by the interviewers, contains a list of
     <u>Card D</u>   selected terms, called "symptoms", for the sake of
convenience, for which the interviewer asks the cause. These
terms listed below, are classified by HIS and ICD in various
ways, according to site, type, onset, and cause. They have
in common that they are frequently manifestations or signs
of a disease, abnormality, or "trouble", and if a more
specific diagnosis of the condition can be found, the latter
is to be preferred for coding purposes. Many of them are
listed in Appendix III, 780-799, with rules for coding.
Compare ICD categories 780-799 in Vol. I with 780-799 in
Appendix III, noting the many changes made by HIS.

Ache, any part of body	Headache	Poor circulation
Albumin in urine	Heart beats fast, or	Pus in urine
Blackout spells	pounds, or skips beat	Rash, but not
Bleeding, any part of	Heart murmur	"pimples" or "acne"
body	Hemorrhage, any part	Retention of urine
Blood in urine	of body	(can't pass water)
Breathing difficulty	Hoarseness	Ringing in ears
"Burning" sensation	Incontinence of urine	Shortness of breath
Can't sleep	(can't hold water)	Sore(s)
Chills	Indigestion	Soreness, any part
Colic	Insomnia	Spasms, any part
Coma	Itching of skin	Spitting of blood
Convulsions	Jaundice	Spots in front of
Cough	Jerking, any part	eyes
Cramps, except	of body	Staggers; staggering
menstrual	Loss of appetite	gait
"Crick," any part of	Loss of weight	Stiffness
body	Low blood count	Swelling, any part
Dehydrated	Low blood pressure	Swollen glands
Delirium	Low or high	Tic
Diarrhea	metabolism	"Tingling" sensations
Dizziness	Misery, any part	Tiredness
Dropsy	of body	Toothache
Enlarged; any part of	Nausea	Underweight
body	Nerves--any mention of	Upset stomach
Enlarged glands or	Night sweats,	Urine abnormality
internal organs	excessive sweating	(any kind)
Fainting	Nose bleeds	Vertigo
Fever	Numbness	Vomiting (including
Frequent urination	Overweight	vomiting blood)
Gas on stomach or	Pain, any part of	Weakness
intestines	body	Wheezing
Gas pains		Worn out

<u>Note</u>: Some of the above, affecting certain parts of the body, are treated by
the Medical Coders as diseases, rather than symptoms, - for example, cerebral
hemorrhage (331X); enlarged heart (434.4); enlarged prostate (610X); enlarged
tonsils (chronic) (510.0). Some if 3 months +, are regarded as impairments, -
for example, overweight, 3 months + (X96); underweight, 3 months +, (X97); pain
or swelling of limbs, back, trunk, 3 months + (X70-X79). Some, like poor
circulation (467.4*) and "nervous" (327X) are poor terms, but they are treated
as diseases, rather than symptoms, in coding.

F. **Coding "Symptoms", and "Troubles," and Their Causes**

For "nerves" or nervous or mental trouble due to various causes, and conditions which are due to "nerves," see item G, below.

For all symptoms, "troubles", and anything else, due to injury, see Section VII.

For symptoms and "troubles", which if 3 mos+, are codable to the X-Code, as impairments, see Section VI. If such symptoms are -3 mos, use the rules below.

1. **Symptoms due to:**
  a. overeating, poor eating habits, bad diet: code 286.5 only.
  b. old age: code 794; see also 794, Appendix III.
  c. menopause: code 635 only.
  d. pregnancy or in the puerperium: see 648.4, 688.4, and notes above 642.4, Appendix III.
  e. other symptoms: code the other only.
  f. causes that are not medical conditions or are not classified in ICD or by HIS: code the symptom only. Such causes are excessive use of tobacco, "having too many children", ordinary bad winter or summer weather, getting the feet wet, sitting in a draft: code the symptom only. See also notes in Appendix III, above 988, and in 988.
  g. more specific disease names: the general rule is to code the latter only.

2. **Multiple symptoms, unknown cause, same line:**
Examples are:
Acid stomach (544.0) and indigestion (544.2).
Dizziness (780.6) and upset stomach (544.2).
Nausea (544.2) and diarrhea, -3 mos, age 2 yr+ (571.1).
Fever (788.8) and cough (783.3).
Pain in heart (782.0) and heart beats fast (433.1).
Headache (791) and toothache (534).
Backache -3 mos (787.5) and headache (791).
Bleeding of gums (535) and mouth (538).
Pain in head (791) and eye (388).

F. Coding
   "Symptoms,"
   and "Troubles,"
   and Their
   Causes--
   Con.

If multiple symptoms are in one line, with no
statement that one is due to the other, select
one by the following rules:

a. If one is said by the respondent to be more
   serious than the other, select it.
b. Prefer a code in 001-779 over one in 780-799.
c. If both are in the same 4th digit series, as
   in 544.0-544.2, prefer the lowest number--i.e.
   4th digits 0, 1, 2, over 3, 4, 5, etc.
d. If both upper and lower digestive system, or
   respiratory system, symptoms are present,
   prefer the lower site.
e. If one is codable to the X-Code, and the
   other is not, select the X-Code only. For
   example, headache and chronic stiff back:
   code X70 only.
f. If none of these selecting guides seem to
   apply, take the first one mentioned.

3. "Troubles," kinds, and causes; in table I:
   The interviewers try, at col. (d-3), to find out
   what kind of trouble, disease, or condition is
   meant when the report is "heart trouble," "nervous
   condition," "female disease," etc. Codes can be
   found for these ill-defined statements if the
   person cannot give a better name; if the term is not
   in the Short Index, look in Vol. II under "Disease
   (of)" where codes are given for many nonspecific
   diseases, such as "disease, blood" 299, "disease,
   brain" 355, etc.
   The "cause" of these ill-defined conditions
   may also appear on the questionnaire, and it must
   be considered in selecting the code. The kind of
   trouble is a more specific disease name--such as
   myocarditis, rather than "heart trouble," or
   psychoneurosis rather than "mental trouble," etc.
   If (d-3) does not produce a specific disease name,
   and (d-2) adds nothing, prefer the "trouble" in
   (d-1). See also G, below. Consider the "cause"
   in (d-2) in coding.

4. "Troubles," unspecified type, above table I:
   If "trouble" of some site appears above table I,
   but is brought down to table I, (d-1), in terms of
   something specific, make use of the specific
   condition in relation to the other data in table I.
   However if table I does not clarify the kind and
   cause of the "trouble" above table I, or produces
   only a symptom or something else ill-defined, code
   to the "trouble" of the site. This applies even if
   the person has talked to a doctor about the
   condition. For example, if "liver trouble" is in
   question 10, and (d-1) says "jaundice", and the
   cause of the jaundice is not known, and the kind of
   liver trouble is not specified, code to the
   "liver trouble".

F. Coding
    "Symptoms,"
    and "Troubles,"
    and Their
    Causes--
    Con.   5. Examples in coding symptoms and troubles in table I:

(d-1)	(d-2)-cause	(d-3)-"kind"	code:
Skin trouble------------------	nerves	rash and itching	317.3
Heart trouble-----------------	Overwork	-------DK--------	434.4
Stomach trouble---------------	-------	acid stomach and pain	545.0
Stomach trouble---------------	nerves	-------pain---------	316.2
Lung condition, not T.B.------	--------	cough; spits blood	527.2
Bronchial condition-----------	--------	bronchiectasis	526.X
Gallbladder trouble-----------	--------	Can't eat certain foods	586.0
Liver disease-----------------	--------	--------jaundice-------	583.0
Upset stomach-----------------	hangover	---------------------------	322.X
Nervous trouble---------------	---DK---	hand shake	327.X
Weakness and nervous---------	old age	----------------------------	794.X
Indigestion-------------------	old age	----------------------------	544.2
Headache----------------------	--nerves--	----------------------------	791.X
Thyroid trouble---------------	--------	feels jumpy	254.0

G. Nervous or   Effective July 1, 1961, instructions for coding nervous and
    Mental   mental conditions are restated as follows.
    Trouble
                    In the following guides, the term "nerves" will be used,
                    but what is said here will apply also to "nervousness",
                    "nervous trouble", "nervous condition", or other mention
                    of "nerves".

                    The modifier "mental" in any part of a case description can
                    be accepted as some sort of psychiatric condition. It may
                    refer to mental deficiency or retardation--in which case we
                    code by the rules for impairments in the X-Code. If impaired
                    intellect or inteligence is not indicated, the term "mental",
                    in general, will be interpreted to mean an emotional disorder
                    of some kind.

G. **Nervous or Mental Trouble--Con.**

"Nerves" could refer to emotional or physical (organic) factors, or possibly to both at the same time. As of July 1, 1961, coders need not try to distinguish, and may regard ill-defined cases of "nerves" as emotional. See also, 327, Appendix III.

1. **Nervous or mental conditions in (d-1):**
Look at (d-2) and (d-3) for **kind** and **cause**. For psychosis of specified etiology, use the rules in Appendix III, for 300-309.
For mental and nervous conditions codable to 310-314, 318, 327, due to physical causes, use the rules in Appendix III, below 327.
Nervous or mental trouble of any kind, or other "trouble," due to overwork, overexertion, exhaustion, personal stresses and ordeals, previous war service-- without mention of a specified nature of injury will not be charged to injury or accident.
Code such cases without reference to injury or acci- dent.

2. **Physical conditions in (d-1) due to "nerves":**
Review the notes for 315-317, Appendix III. For HIS purposes, 315-317 will collect only symptoms, func- tional disorders, and "trouble" NOS, of heart, skin, and digestive and genito-urinary systems. Any other kind of body condition in (d-1) due to nerves is **not** coded to 315-317, and is coded only with disorders of **that** system, according to rules for that system. For example, stomach ulcer in (d-1) with nerves in (d-2) is coded to 540.0 only. However, if this **same** person reports a nervous condition in (d-1) of another line, code that line as reported there, but do not duplicate or record a nervous **stomach** condi- tion; for example if the other line says "nervous stomach," code that line to 327--not 316.2.

3. **Multiple mental conditions, same person**
As a general rule, only one code per person in 300-324, 327 should be required. If there are several lines for the same person describing mental condi- tions, relate them to see if they cannot be reduced to one code, preferring 300-309 over 310-324, and 310-324 over 327. For example, if one diagnosis is codable to a psychosis, and another line for the same person describes something codable to a psychoneurosis, or to 327, code the psychosis only.

G. Nervous or   4. Descriptions of nervous and mental cases, with codes:
    Mental   a. Nervous trouble, Dr. says since birth, can't stand
    Trouble--   noise, can't sleep at night, feels like something
    Con.   crawling on her: code 327.
                      b. Nervous, due to overactive and toxic goiter: 252.0 and
                          327.
                      c. Pains in head, upper back and shoulder, past year, due
                          to lack of sleep and nerves brought on the daily
                          irritation and stresses: 327
                      d. Nervous trouble due to epilepsy: 353.3 and 327.
                      e. Nervous trouble, depressed, due to epilepsy: 353.3 and
                          327.
                      f. Takes medicine for insomnia; has chronic nervous trouble
                          feels shaky: 327.
                      g. Nerves, gets dizzy spells: 327.
                      h. Nervous trouble, can't remember things, due to hardening
                          of the arteries: 327 and 334. Regard the physical
                          cause as cerebral arteriosclerosis.
                      i. Migraine headache due to nerves: code 354 only.

H. "Removal"   These create coding problems. Effective July 1, 1964,
    and Other   procedures are restated as follows:
    Operations,
    table I   1. If the person says that surgery was done more than 1
                          year ago, and the surgery is not in table II as codable,
                          and no present effects are mentioned and there has been
                          no disability or limitation of any kind in the past year
                          due to this post-operative state, line it out in red.

                      2. If this post-operative condition is not to be deleted:
                          a. Look for the condition that required the surgery.
                              If not known, code 795.5. If known and present in
                              the past 2 weeks, or if chronic and present in the
                              past year, or is one that is incurable, code it.
                              Code any chronic causative condition even if surgery
                              is not in table II and there is no mention of when
                              the surgery was done. However, if surgery is not in
                              table II, and the person says it was done more than
                              1 year ago, do not code this causative condition
                              if it is one that is correctable by surgery--such
                              as cataract, stomach ulcer, neoplasm, cleft palate.

                          b. Look for the present effect of this surgery. If
                              there are multiple effects, code only one. If the
                              effect is pain or discomfort not codable to the
                              X-Code, ignore it. If the effect is codable as an
                              impairment, code it by the rules for impairments,
                              noting revisions for visual problems. Select
                              "Absence", some other X-Code condition, or some
                              other codable chronic condition--in that order.
                              Use the etiology code for X-Code effects according
                              to the condition that required the surgery.

H. "Removal" and   c. If the effect is codable, but the causative disease
    Other Opera-   is unknown or is not codable, code only the effect.
    tions, table I--   If an effect is codable, and the causative disease
    Con.   is known and codable, code both the effect and the
                            causative disease.

                        d. If a post-surgery condition is unusual, or presents
                            other coding problems, consult the supervisor.

Examples:

Condition Facts	Code(s) - Table I
1. Breast removed for cancer, past year; can't lift arm; nervous due to this	170X and X38.4
2. Breast removed; 2 years ago for cancer	X38.4
3. Hysterectomy past 2 weeks, cause not stated	795.5
4. Hysterectomy, any date, with menopause symptoms now	635.X
5. Cleft palate repaired, past year	X91.X
6. Cleft palate, repaired more than 1 year ago, with no present effects or disability, and not reported in table II	Delete
7. Leg removed for diabetes, any onset	X26.5 and 260.X
8. Recovering from operation on hips; no data as to causative disease	795.5
9. Hernia operation, past year	560.X
10. Part of stomach removed, 2 years ago for ulcers, no effect nor disability in past year	Delete
11. Chronic stomach trouble due to removal of gallbladder for gallstones, in past year	545.0 and 584X
12. Tonsils removed, cause not stated, past 2 weeks and throat hurts	510.0
13. All teeth extracted, 3 mos+; has indigestion	X92.0
14. Hip operation 3 years ago for osteomyelitis, hip painful, and causes limp, ever since	X75.3
15. Pain in stomach due to hernia operation-- not in table II, no mention of date of operation	560.X
16. Blind in one eye due to cataract removed 2 years ago--can't read newspaper print with glasses	X00.1
17. Back trouble due to operation for disc-- not in table II--no mention of date of operation	735.X
18. Cataract removed 2 years ago--no effect mentioned--no trouble seeing--not in table II	Delete

I. __Asthma and__   See __also__ 240-245 in Appendix III. Note that allergic mani-
   __other__   festations of any kind, of any part of the body including
   __Allergies__   eyes, ears, heart, etc., are to be coded to allergy only.
                      __Migraine__ or migraine headache, however, goes to 354,
                      whether allergic or "nervous". See other exceptions noted
                      in Appendix III, 240-245.

                      For HIS purposes, the noun "asthma", and the adjective
                      "asthmatic" as well, are assumed to refer to allergy. The
                      term __asthmatic bronchitis__ means __allergic bronchitis,__ and
                      should be given the single code of 241; a second code for
                      bronchitis is not required.

                      __Respiratory allergies__ usually fit into 240 or 241; into
                      240 if the upper respiratory organs are involved, or 241
                      if the lower respiratory organs are affected, or 241 if
                      both upper and lower are involved. When multiple respira-
                      tory allergic manifestations are given, only one code,
                      240 or 241, should be necessary for this respiratory
                      allergy.

                      If an allergic manifestation involves the chest, as in
                      "chest clogs up", regard this as equivalent to asthma. If
                      the manifestation of the allergy is a "breathing" difficulty,
                      NOS, code to asthma, but if the upper respiratory organs
                      only are involved, code to 240.

                      __Fever with allergies:__ If fever (or synonym) is the only
                      allergic symptom reported, code 245. But when fever is
                      one of several allergic symptoms, do not code fever
                      separately. For example, if an allergy consists of "fever
                      and runny nose", code 240 only.

                      __Headache with allergies:__ Proceed as for fever with aller-
                      gies, above. For example, code "headaches and nose stopped
                      up" to 240 only.

                      Watch for cases when allergy is mentioned __above__ table I,
                      but (d-1) fails to mention allergy. For example, if allergy
                      is above table I, but (d-1) says "eczema", unqualified,
                      interpret this to be allergic eczema, and code to 245.

J.   Cysts

Some cysts go to the neoplasm categories, while others do not.   Always look through the Vol. II listing under "Cyst", <u>before</u> looking under Neoplasm, benign.

Cysts described as "fatty" should be coded to 714.2, with sebaceous cysts. (However, a fatty <u>tumor</u> is coded to 226 with lipomas.) "Follicular" cysts (of ovary) go to 625. Sweat gland cysts go to 714.0.

Watch for entries in (d-3) or elsewhere that tell a special kind of cyst that is <u>not</u> to be coded to the neoplasm numbers. If a reported modifier is not listed in Vol. II under "Cyst", consult the supervisor.

If a cyst of any kind, or a neoplasm of any kind, is said to be due to a bruise or other injury, <u>and a Table A has been filled out by the interviewer</u>, proceed as for other diseases due to injury. If Table A has <u>not</u> been filled out, code as if injury had not been mentioned.

Whether a cyst or neoplasm could possibly develop from a "one-time" injury is a controversial matter, but if the person says injury was the cause, <u>and a Table A has been filled</u>, we code it as for other one-time injuries.

K.   "Disc"
Conditions

Review category 735 as modified by HIS, and as described by ICD in Vol. I.

A disc condition, NOS is assumed by HIS to refer to the intervertebral discs, but watch for reports that indicate other sites and types. If epiphyseal discs of any site, or epiphysitis, are reported, use the code 732, not 735. <u>See</u> 732 in ICD.

When an intervertebral disc condition is to be coded, and a spinal nerve pain, pressure, neuralgia, sciatica, "pinched nerve", or similar condition is also reported for the same person, do not code the nerve condition separately since this is usually part of a typical disc condition. "Back trouble" or pain or other symptoms due to disc conditions: code 735.X only.

For disc conditions reported in table I as "removed" or operated on, <u>see</u> H of this section. According to those rules, back trouble, 3 mos+, due to a disc operation <u>said</u> to have been done more than 1 year ago, would be coded to X70.Y only; but if the surgery was done in the past year, or you don't know <u>when</u> it was done, code 735.X only.

If table A <u>only</u> mentions a disc injury, but table I mentions back trouble 3 mos+, or some chronic disease, due to injury, but does not mention a disc condition, code what appears in Table I, with 9 in the 4th digit, and do not code 735.

L. "Pinched   "Pinched nerve," without mention of disc conditions: Regard
    Nerve"   this as compression of nerve (pressure on a nerve) and
                   assume the site to be spinal unless otherwise specified.

                   If due to injury, and -3 mos., code to Injury, nerve; if
                   3 mos.+, and due to injury, code 368.9.

                   If "pinched nerve" is due to a disc condition, code only as
                   for the latter. If back trouble or pain or other symptoms
                   are due to"pinched nerve," code "pinched nerve" only.

                   If table A only mentions "pinched nerve", but table I
                   mentions back trouble 3 mos.+, or some chronic disease,
                   due to injury, but does not mention "pinched nerve," code
                   what appears in table I, with 9 in the 4th digit, and do
                   not code 368.

M. "Gland"   Watch for types, sites, and specified diseases of glands.
    Conditions   Review special code 796 which is to be used only when
                   nothing is known about a gland condition, and which has notes
                   that tell what to do when we do have a site or a condition.

                   Review 782.7 (enlargement of lymph node) in ICD. If lymph
                   glands or nodes are mentioned, or the site is in the arm-
                   pit (auxillary region), in the groin (inguinal region), or
                   in the neck (cervical region), or other well known loca-
                   tions of the lymph nodes, and the condition is enlargement
                   (or synonym), use 782.7.

                   However, if the condition is enlargement (or synonym), and
                   the information indicates a gland that is not a lymph
                   gland, do not use 782.7. For example, enlargement of
                   prostate gland is coded to 610; enlargement of gland in
                   breast is coded to 621.1, etc. etc. Look under "Hyper-
                   trophy," in Vol. II, for the site in which a specified
                   gland is located. If not found, consult the supervisor.

                   Glands are of many types and sites, and are subject to
                   many kinds of diseases. Question all reports about glands
                   unless you are sure how to code them.

                   Effective July 1, 1963, if lymph glands or lymph nodes are
                   specified, but no disease of them is specified, assume that
                   infection NEC of them is present and code as for
                   Lymphadenitis or Adenitis (infection, gland (lymph)) -
                   468.2; if -3 mos., use 694; if 3 mos+, use 468.0.

M. "Gland" Conditions-- Con.

A "kernel" in the groin or in the armpit, is a lay term which can be coded as equivalent to an enlarged lymph node in those areas--to 782.7.

"Swelling of gland in breast" should be coded as for hypertrophy of mammary gland--to 621.1 (hypertrophy of breast). This title is used for enlarged breast in males as well as females, and in children as well as adults.

N. "Growths"

The term "growth", without description of the type, is coded as for neoplasms, or tumors. But watch for kinds of growths that are further described in (d-3) or elsewhere. Question other descriptions that may suggest a particular kind of growth or cyst that should not be coded to the neoplasms categories. For example, a growth said to be a "closed sweat gland on shoulder" should be regarded as a retention type cyst of sweat gland and should be coded to 714.0, and not to the neoplasm numbers.

Keep in mind that the 3-column listing under Neoplasm, in Vol. II, is intended for tumors and growths known or assumed to be neoplastic; if a growth is known to be something other than a neoplasm, those numbers will not be correct. If the report indicates a growth of some type not familiar to you, consult the supervisor.

O. Heart Conditions, Ill- defined, or Due to Various Causes

"Stitch", "catch", or "spasm" of heart, NEC, NOS, should be coded for HIS to 434.4. Although Vol. II, p. 414, refers "Spasm, heart" to Angina (pectoris), the category 420.2 is too specific for household reports of this nature, which could possibly refer only to a functional disorder of rhythm or rate of heart. A "spasm" of the heart of unknown cause is not necessarily indicative of a coronary condition.

O. **Heart Condi-
tions, Ill-
defined, or
Due to Various
Causes--Con.**

Enlarged heart (and synonyms) is an important manifesta-
tion or symptom of **heart** disease, but it is classified in
434, and not with symptoms. If it is due to any specified
heart disease, the more specific heart condition is coded
only. To this extent the enlarged heart is treated like
a symptom. But if "enlarged heart" in (d-1) has a cause
in (d-2) that is not related to a heart disease, accord-
ing to ICD, and this cause does not have a line of its
own, ignore the cause. For example, "enlarged heart", in
(d-1) due to overweight in (d-2): code enlarged heart
only, unless "overweight" has a line of its own.

Other heart conditions and troubles, cause specified:
Ordinarily, the **cause** is not asked for these. If a cause
is given, code as for Disease, heart, due to various causes,
as in Vol. II and the Short Index. "Heart trouble, NOS,"
due to 'nerves": code 315.2; for "fast heart" and dis-
orders of heart action, due to nerves, use 315.0. Heart
trouble, due to allergy or as a symptom of allergy: code
allergy only.

The count of heart conditions, according to ICD, is, some-
what unfortunately, scattered because of etiologic factors.
For example, heart conditions in 400-447, are exclusive
of those which may be syphilitic, thyrotoxic, psychogenic,
congenital, or present since birth, or said to be due to
allergy.

P. **"Nonfunctioning"**

This modifier, and "dysfunction","malfunction", "doesn't
work properly", or "sluggish": code like "trouble" of an
organ or part. For example, code "nonfunctioning liver"
or "sluggish liver" as for "liver trouble".

Q. **"Sensitive"**

This modifier, applied to any part of the body, should be
coded like "trouble" of that site. For example, code "sen-
sitive stomach" as for "stomach trouble". "Sensitive scar":
code as for "scar".

R. **Pregnancy,
with Hyper-
tension and
other
Toxemias**

Hypertension due to and arising in a **current** pregnancy is
coded with acute conditions. If the woman is no longer
pregnant, and she still has hypertension, code as chronic
and as for hypertension in the non-pregnant state. However,
if she is not pregnant now, and says she **had** hypertension
when she **was** pregnant, **but does not have hypertension now**,
regard this as a history of a past acute pregnancy compli-
cation, and delete. Check on all of these facts before
deleting.

R. <u>Pregnancy,</u>   True toxemias of pregnancy (in ICD 642) of which hyper-
    <u>with Hyper-</u>   tension is one, which arise because of the processes of
    <u>tension and</u>   pregnancy, tend to subside within a short time after de-
    <u>other</u>   livery. If these conditions continue on after delivery,
    <u>Toxemias--</u>   the chances are that the hypertension, etc., is a chronic
    <u>Con.</u>   condition that the woman had before she became pregnant.

S. <u>Spelling</u>   If a condition is spelled incorrectly by the interviewer,
    <u>Problems</u>   but you can clearly see what is meant, there is of
                             course no problem. In cases of very unfamiliar, or pho-
                             netic spelling, which suggest nothing to you, consult the
                             supervisor. If no one can figure out what is meant, we
                             have to code "unknown diagnosis".

T. <u>Typhoid, and</u>   These NOS do not constitute illness and, if reported,
    <u>other Carrier</u>   may be deleted. In no situation are these to be charged
    <u>States</u>   to typhoid, or other disease which the person now
                             "carries", but which now causes him no other physical
                             complaint.

U. <u>When to Use</u>   Code 795.0 (ill-defined) when a disease process is stated--
    <u>795.0 or 795.5,</u>   such as infection, or fibrosis--but the indexing shows
    <u>Table I</u>   no code if the part of the body is not specified. If the
                             disease is unknown, and the part of the body is unknown,
                             or there is not enough information to tell what the condi-
                             tion is, code 795.5.

V. <u>Terms Not in</u>   Consult the supervisor.
    <u>Short Index</u>
    <u>or Vol. II</u>

A.   "Combining",
     I.   General

When there is a combination code or a coding rule, certain conditions reported in two or more lines of Table I for the same person may be combined into one code. This single code is entered in only one of the lines; the other lines are deleted. If the information about medical care, disability, etc., across the line is not identical for all of the lines involved in the combination, the retained line must be edited to include the maximum information shown—i.e. the earliest data of onset, the largest number of days of disability, etc.; this procedure is called "merging" and is described in item B, following.

In Table II, combining is possible only when 2 or more parts of a combination are stated as the reason for one admission to the hospital, in Col (h). Example: heart trouble and hypertension: use the combination code 443. All combining must be done entirely within Table I or entirely within Table II. A diagnosis in Table I never combines with a diagnosis in Table II.

2.   Kinds of
     conditions
     that
     combine

Combination codes are provided for certain conditions that frequently occur together in sickness experience as in influenza with pneumonia; hay fever and asthma; hypertension with arteriosclerosis and/or heart disease; cold and sore throat; etc. As mentioned earlier, conditions that combine with other conditions into one code are indexed first in a listing under the word with. Watch the indexing for such arrangements.

The parts of a combination have their own code numbers but in combination may take another number or be coded to one of the parts. For example, measles is 085.0; pneumonia, 4 wks+, NOS, is 493; combined, the code is 085.1; but hypertension is 444; arteriosclerosis is 450.0; combined, the code is 444. In other words, in some cases a code may represent a condition with or without another condition. The latter situation is sometimes indexed making use of parentheses, as in "Hypertension (with arteriosclerosis) 444."

Other kinds of combining can be done when two or more lines are used for multiple sites and types of the same disease process and there is a single code for them; or when one line contains a condition that is the same as or due to a condition on another line.

A.   **Combining--Con.**

3.   References,   Review the following categories in Appendix III for
      in Appen-   notes about conditions that combine or do not combine:
      dix III   001-138, 241, 245, 306, 300-309, 327, 330-334, 352,
                 362-364, 390-398, 410-447, 450; 470-475, 493, 500-502,
                 526, 590-594, 603, 635.

4.   **Examples of conditions that may combine:**

	Line	Person	Condition	Onset	Code
(a)	1	1	Stroke, paralyzed, left side	3 mos+	334X
	2	1	Paralysis, left side, due to stroke	3 mos+	X47.7
	3	1	Arteriosclerosis	3 mos+	Delete[1]
	4	1	High blood pressure	3 mos+	Delete
	5	1	Angina	3 mos+	420.2
	6	1	Nephritis	3 mos+	Delete
(b)	1	1	High blood pressure	-3 mos	443X[1]
	3	1	Heart trouble	-3 mos	Delete
	4	1	Light stroke	-3 mos	334X
(c)	1	2	Heart murmur	3 mos+	435X
	2	2	High blood pressure	3 mos+	444X
(d)	1	1	Heart attack and cerebral hemorrhage	3 mos+	331X
	5	1	High blood pressure	3 mos+	443X[1]
(e)	2	2	Hypertension	3 mos+	444X
	4	2	Headache due to hypertension	-3 mos	Delete
(f)	1	1	Hayfever	3 mos+	Delete
	2	1	Asthma	3 mos+	241
	3	1	Hives	3 mos+	245
(g)	1	2	Hives	-3 mos	245
	2	2	Swollen eyes due to allergy	-3 mos	Delete
(h)	1	3	Cold and sore throat	last wk	Delete
	2	3	Infection, ear, with the cold	last wk	391.0
(i)	1	1	Menopause	3 mos+	635X
	2	1	Nervous trouble due to menopause	3 mos+	Delete

---

[1]When high blood pressure or arteriosclerosis could combine with either a con-
dition in 330-334, or a heart condition, combine it with the heart condition

B. MERGING

NOTE: "Merging" applies only to conditions in table I. A condition in
table I will never be merged with a condition in table II, and vice versa.

The line to be retained should, for all practical purposes, be the one
which requires the least changing by the coder; this will usually be the
condition which caused the greatest disability.

When the line to be retained has been determined, delete all other lines
in the "merger" by drawing a red line straight across the line(s) from
margin to margin. Change the original or edited data <u>on the retained
line</u> to the combined data, as follows:

1. See that Col (c) is "yes", if any in the merger is "yes"
    in (c).

2. If none caused cut-down in past 2 weeks, see that (e) is
    checked, and go to (m).

3. If one or more had "days" of any kind in past 2 weeks, see
    that (f)-(l) show the maximum.

4. <u>Date of onset ((m)-(p))</u>: show the earliest date of onset.

5. <u>Bed-days in past 12 months ((q),(r))</u>: show the largest number.

6. <u>Times talked to Doctor in past 12 months (s)</u>: show the
    largest number.

7. <u>Limitation of Activity and Mobility ((t)-(w))</u>: see that the
    retained line shows as much limitation as the most severely
    limiting; if any of the merged conditions contributed to
    the limitation, see that the retained line shows this. <u>See
    also</u> Step 6, j, k, l, and m.

A. <u>General</u>   Review Appendix I for: the full description of the development of the X-Code for Special Impairments; general characteristics of an impairment; how late effects of diseases and injuries are coded for HIS; the <u>two</u> lists of etiologic (cause) codes; and the various groupings of impairments by type. The X-Codes are considered 4 digit codes but the "X" in the first digit serves only to identify a condition as an impairment. The first digit is always "X"; the next 2 digits tell the type and site; and the 4th digit tells the cause if known. "X" in the last digit of an impairment means it was congenital in origin or was due to a birth injury. Review also notes about the selected impairments on Card B, in Section III of this Manual, and how they are coded in Col (aa).

The general rule in coding all impairments is that a condition is not to be coded to the X-Codes unless it has been present 3 months or longer. However, as noted in Section III, conditions such as loss of eye or limb, structural deformities of limbs, back, or skull, artificial orifice (opening), mental deficiency, which are always or usually permanent defects, are coded to the X-Code regardless of date of onset. <u>See</u> <u>also</u> Appendix III, 750-759, for conditions present "since birth", or described as congenital.

B. <u>Visual Impair-ments</u>   <u>Effective July 1, 1964 (FY 1965)</u> impairment codes for vision have been revised, and Question 14 of the Questionnaire for fiscal 1965 has been provided to elicit further information about visual conditions already reported in table I. The X-codes for impairment of vision have been revised as follows:

X00 Visual impairment: Inability to read ordinary newspaper print with glasses, and impairment indicating no useful vision in either eye
X01 Blind in one eye with impairment as in X03
X02 Blind in one eye with impairment as in X05
X03 Visual impairment: Inability to recognize a friend walking on the other side of the street AND other visual difficulty, but <u>NOT</u> as in X00-X02
X05 Impaired vision except as in X00-X03

Question 14 asks for persons 6 years and older with eye conditions:
a. Can you see well enough to read ordinary newspaper print with glasses?
b. If yes in "a": Can you see well enough to recognize a friend walking on the other side of the street?
c. If no to "b": How much trouble would you say you have in seeing--great deal, some, or hardly any at all?

<u>Note</u>: If 14b and/or 14c have entries <u>when they should not have been asked</u>, ignore them in applying the code.

B. Visual Impairments--Con.   Read the description in table 1 and refer to Question 14 to judge whether an X-Code is applicable, but make no entry in Question 14. If all of Question 14 is blank because the person is under age 6, or for some other reason, but table 1 indicates a visual problem, apply the X-Code according to the data in table 1, as below:

> Blind in both eyes or blind NOS: XOO
> Blind in one eye, poor vision in the other: XO1
> Blind in one eye, other eye good or not mentioned: XO2
> Not blind, but said to have serious trouble seeing: XO3
> Vision impaired, but not as in XOO-XO3:   XO5

As formerly, no person will be given more than one code in XOO-XO5.

1. Date of onset   Except for loss of eye, a visual impairment must be present 3 mos+ in order to get an X-Code. Loss of eye is coded to the X-Code regardless of date of onset. Blindness or other visual defect, except through loss of eye, with onset -3 mos, is coded only to the disease or injury causing the visual defect, if known; if cause is unknown code to 388X.

2. XOO   Use XOO when a visual problem is codable, and the answer to 14a is "no". If 14a says "no", the X-code must be XOO regardless of the description of the case in table 1. If 14a is yes, the code must never be XOO.

3. XO3, XO1, XO5, XO2   Use XO3 (new category) when the person is not blind in either eye according to table 1, 14a is "yes", "DK", or blank, and 14b is "no" AND 14c is "great deal" or "some", or blank.

If the person is blind in one eye, and 14a, 14b and 14c are filled as in the preceding paragraph, use XO1.

Use XO2 if the person is blind in one eye, but the other eye is not affected or not mentioned, or is impaired as in XO5, below.

Use XO5 when table 1 indicates a visual problem, but the person is not blind in either eye, and does not qualify for XOO-XO3. XO5 is applicable when table 1 shows a visual problem, but both 14a and 14b say "yes","DK", or blank, or in rare cases, when 14b is "no" but 14c is "hardly any" or "none".

B. **Visual**
   Impair-
   ments--Con.

3. **X03, X01,**   Terms in table I, other than "blind" or "blindness" which
   X05, X02,   indicate a visual problem include:
   --Con.   "partially blind"; "blind spot"; modifiers such as
                          "poor", "weak", "bad", "impaired", "defective",
                          "blurred", "trouble with" — coupled with the words
                          vision, sight, eyesight, seeing. Any of these, (and
                          synonyms) which do not qualify for X00-X03, according
                          to question 14, can be given X05 even if both 14a and
                          14b say "yes".

                     Note: Terms such as "bad eyes", "blurred eyes," "weak eyes"
                     are treated as eye diseases, and will not get an X Code if
                     visual defect is not mentioned also in table I, or indi-
                     cated in question 14. See also B, 6, following. Study B,7.

4. **With**   Any one of the codes X00-X03, X05 must be given an addi-
   cause   tional 1-digit code from the special etiology codes for
   stated   impaired vision as revised July 1, 1964 and listed in
                     Appendix I. If the cause is unknown, the code is
                     .0. If the cause is some continuing chronic disease of
                     the eye or of the body generally code it also, in ICD
                     codes, in addition to the X-Code. If the visual impair-
                     ment is due to a chronic eye disease which is due to some
                     general disease, as in diabetic cataract, code to the X-
                     Code, and code the cataract (385), and also the diabetes
                     (260). However, in the case of vision difficulties
                     noticed during attacks of allergy or migraine--or due to
                     allergy or migraine--code only the allergy or migraine,
                     and do not code to the X-Code.

                     There will be cases when the cause of a visual defect is
                     given in (d-2) or elsewhere when this cause does not have
                     a separate line of its own, and you will not be sure
                     whether this cause is chronic and continuing and present
                     now or in the past year; in such cases, consult the
                     supervisor.

B. <u>Visual
    Impair-
    ments--</u>
    Con.

5. <u>Selecting
    the etiol-
    ogy code--
    Revised
    July 1,
    1964</u>

Only one etiology code can be used. When a visual defect
has several causes, select one as follows:
.9   and any other(s): prefer 9 (injury);
.5   and any other(s) except 9: prefer .5 (diabetes);
.7   and any except .9 or .5: prefer .7 (330-334);
If .9, .5, .7, are not applicable: prefer .8 (neo-
plasms);
If .9, .5, .7, .8 are not applicable: prefer .6
(arteries NEC);
If .5-.9 are not involved, prefer any in .1-.4 over .X
or .Y.
If local diseases of eye, only, are mentioned, code:
    cataract <u>and</u> glaucoma to .2
    cataract with any in .4 to .1
    glaucoma with any in .4 to .3
    other multiple local eye diseases to .4

6. <u>Eye
    diseases
    in (d-1)</u>

Review carefully ICD categories 370-389 in Vol. I, and cat-
egories 380-389, 753, 777, 781.0-781.2, 781.4 in Appendix III
of this Manual, comparing the ICD provisions for coding eye
and visual conditions with the HIS method and becoming famil-
iar with the various eye diseases and their synonyms.

General rules for coding eye diseases in (d-1) and whether
to code the disease and the X-Code, or the disease only, are
<u>restated as of July 1, 1964</u>:

a. Chronic <u>eye</u> diseases in (d-1) with <u>additional</u> mention of
    impaired <u>vision</u> in table I and/or a <u>visual</u> problem in
    question 14 will receive 2 codes: one for the eye dis-
    ease and one for the X-Code.
    <u>Exception</u>: "Weak <u>eyes</u>", "bad <u>eyes</u>", "<u>eye</u> trouble" with
    no better disease description - but with impaired vision:
    code X-Code only; if <u>vision</u> is not impaired, code 388
    only.

B. Visual
    Impair-
    ments--
    Con.

6. Eye   b. Chronic eye diseases in (d-1) of the following types,
    diseases   only, even without additional mention of impaired
    in (d-1)--   vision, or even with blank, DK, or "yes" in both 14a
    Con.   and 14b, will be coded to the eye condition and also
                      to X05:

                      1. Cataract, glaucoma, retinal conditions-
                          present now or in the past year
                      2. "Night blindness" or "day blindness" (and
                          synonyms)-and other such variations according
                          to amount of light. If a condition of this
                          kind is due to some general disease such as
                          Vitamin A deficiency, code the eye disease,
                          the general disease, and X05.

                  c. Conditions such as: "color blindness" (388); "near-
                      sighted", "farsighted" and others in 380 (refractive
                      errors); "cross-eye", "lazy eye", "double vision"
                      and others in 384 (strabismus); and any in (d-1) ex-
                      cept as in b, above, will be coded only to the eye
                      disease, unless there is additional mention of im-
                      paired vision in table I and/or question 14 shows "no"
                      in 14a, or no in 14b with "great deal" or "some"
                      checked.

                      Note: When there are multiple specific eye diseases
                      to be coded for the same person, code each by their
                      ICD or HIS numbers; however, if "weak eyes", "eye
                      trouble", "eye strain" is reported with well-defined
                      eye diseases, code the well-defined diseases, only.

B. <u>Visual
   Impair-
   ments--
   Con.</u>

7. <u>Examples,
   chronic
   visual im-
   pairments
   and eye
   conditions,
   with codes</u>

Table 1	Question		
	14a	14b	14c
1. Lazy eye 384X	yes	yes	blank
385X 387X X00.2 2. Cataract and glaucoma	No	blank	blank
3. Trouble seeing, both eyes due to hay fever 240X	yes	yes	blank
388X X05.4 4. Night blindness	yes	yes	blank
5. High myopia 380X X00.4	No	blank	blank
X03.Y 6. Eye trouble due to old age	yes	No	some
388X 7. Weak eyes, cause unknown	yes	yes	blank
384X 334X 8. Double vision due to stroke	yes	yes	blank
X03.4 384X 9. Double vision, cause unknown	yes	No	blank
379X 10. Eyes water due to smog	blank	blank	blank
388X 11. Blurred eyes, cause unknown	yes	No	hardly any

260X   X03.5
12. Partially blind, both eyes,
    due to diabetic retinopathy
    and old age
	yes	No	great
			deal

385X X01.1 13. Blind in one eye, cataract in other	yes	No	great deal

14. Bad vision since birth; in-
    jured eye one year ago and
    now blind in one eye   X00.9
	No	blank	blank

386.9 X05.9 15. Detached retina due to injury	yes	yes	blank
385X X03.1 16. Cataract removed, past year	yes	No	some

X00.4
17. Blind in one eye, only 10 per-
    cent vision in other due to choked
    disc 30 years ago
	No	blank	blank

X03.X 18. Partially sighted one eye-other eye ok - since birth	yes	No	some
X02.9 19. Blind in one eye due to injury	yes	No	hardly any

C. Hearing
    Impairments

Review notes in Appendix III, for Diseases of Ear and
Mastoid Process (390-398) and ICD categories 390-398 in
Vol. I, - comparing the ICD method of coding hearing im-
pairments and ear diseases with the HIS method. Review
also categories X06-X09 in Appendix I.

1. Degrees of
    hearing
    impairment

The regular household questionnaire form has no special
additional questions about hearing, as was true in previous
years. The medical coder judges, as well as she can,
the several degrees of severity-guided by the limits
suggested in X06-X09, and the interviewer's statement of
the case in table I and in footnotes.

Use X06 only for cases of deafmutism ("deaf and dumb")
and cases in which the person is said to be "totally"
or "completely" deaf in both ears, or is said to have no
hearing at all in either ear.

Use X07 for cases except as in X06: described as "severe"
or "serious"; OR when it is known that the person has
to wear a hearing aid; OR when there is evidence that
the person can hear but with great difficulty.

Use X09 for cases that do not qualify for X06 or X07.

If the person is described as totally deaf in both ears
and also completely unable to talk, code X06 only. How-
ever, if a deaf person can speak but stutters or has
some speech impediment, code the deafness according to
the information about severity, and code the speech de-
fect also. If a person cannot speak, but has no hear-
ing impairment, code the speech defect only.

A person is never given more than one code in X06-X09.

2. Date of
    onset

X06 is to be coded chronic, regardless of date of onset.
Cases for X07 and X09 are coded as chronic only if 3 mos+;
if -3 mos, and cause is known code cause only, and if cause
is unknown, use 396.1 only.

3. With cause
    stated

If X06-X09 are applicable, always add the appropriate 1-
digit etiologic code from the list of etiology codes ap-
plicable to all non-visual impairments (X06-X99).

a. For hearing defects, in X06-X09, due to continued ex-
    posure to loud noise, use the etiologic code "Y" (other),
    since, for the HIS, this situation is not regarded as
    an accidental injury. However, for hearing impairments
    due to sudden, or "one-time," injury or exposure, add
    the etiology code "9" (injury or accident). If X06-
    X09 are due to multiple causes, see item M, below.

C. Hearing
    Impairments--
    Con.

        b. Defects of hearing present since birth or congenital
           are coded with "X" in the 4th digit. Hereditary defects
           are coded with "Y" in 4th digit as are hearing impair-
           ments due to "age", or "old age".

        c. Any defect codable to X06, X07, is always coded, but if
           the defect is X09, and is due to allergy, code allergy
           only, and not X09. Allergy causing hearing impairments
           of the types in X09: code allergy only.

        d. X09 types, due to "wax in ears": code 396.1 only.

        e. X06-X09 due to scarred or perforated or "broken" ear
           drum(s): code X06-X09 only, with "Y" in 4th digit; but
           if old injury or past infection caused the scarring, use,
           instead, the 4th digit for that cause.

        f. X06-X09 due to or consisting of tinnitus ("ringing in
           ears" and synonyms): code X06-X09 only, with the correct
           4th digit.

        g. For defects in X06-X09 due to otosclerosis or other
           present, chronic, continuing, progressive diseases--
           other than causes mentioned above--follow the general
           rule, and code the defect with the correct 4th digit,
           and code the continuing chronic causative condition also.
           If not sure whether to code the cause separately, con-
           sult the supervisor.

D. Speech   See Appendix I, X10, X11, and categories 326.1, 326.2, 755,
    Impairments   781.5, 781.6, and 783.5 of Vol. I, and Appendix III.

Only one speech defect per person is to be coded. If the
person cannot speak at all, and is also completely deaf,
code to deafmutism (X06) only. If the person has a speech
defect because of cleft palate, code to X91, only. In other
cases of a speech defect due to something else in the X-Code such
as deafness in X07, X09, or cerebral palsy in X50, code the
speech defect and also the other defect(s).

Note that effective July 1, 1961, chronic or permanent voice
defects are to be coded to X11. Category X11 will now in-
clude persons whose chronic speech and voice defects, or
voice defects only, are residuals of cancer surgery, or
other causes which cause difficulties in talking. Code
absence or loss of larynx (voice box) to X11, with the cor-
rect etiology 4th digit, regardless of date of onset. For
speech and voice defects (except through absence of larynx),
-3 mos, follow the general rule and code to the cause only,
if known; if unknown, and -3 mos, code to 781.5, 781.6, or
783.5.

E. <u>Impairments,
Special Sense,
NEC</u>

See X12, X13 in Appendix I, and 781.7 in Appendix III. If -3 mos, code to 781.7, or to a specified cause only, if known.

<u>Effective July 1, 1963</u>, guides for coding chronic disturbances of special sense NEC (taste, smell, feeling, touch, balance, etc.) are restated as follows:

1. If due to stroke or others in 330-334, code X12, X13 with .7 in the 4th digit, and code 330-334 also.

2. If due to any other present <u>active</u> chronic disease, code the latter only. If due to some <u>now</u> <u>inactive</u> disease or old injury, code the sensation disturbance only.

3. <u>Effective July 1, 1964</u>, <u>see</u> <u>also</u> L of this Section for rules to use if the same person has something in X12, X13, and <u>also</u> has other impairment(s). If the sensation disorder is of sites <u>not</u> affecting limbs, trunk, back, <u>and</u> the person has other impairments, <u>and</u> it is possible to ignore <u>any</u>, do not code the sensation disorder separately if <u>it</u> has caused no disability of any kind in the past year.

F. Special Learn-   Categories X14-X19 are for special learning disability (X14)
   ing Disability,   and for defects of the intellect (X15 - X19). All mongoloids
   and Mental   are classified in X15. Other severe types of mental retar-
   Deficiency   dation are classified in X16. However, since mental retarda-
                     tion of specified degree of severity is not often reported,
                     code all reports of mental deficiency or retardation, or
                     "slow learner", or "can't learn", etc., to X19. The coder
                     need not attempt to establish, unless the information clearly
                     specifies, whether X16, X17, X18 should be used.

                     Code separately any specified chronic continuing disease
                     which may be the cause of the defect.

                     X14 is used only for infrequently reported and special cases-
                     such as "mirror writing", "mixed dominance", etc., in which
                     the degree of mentality may be quite good or not specified.

                     Use only one code, per person, in X14-X19. If X14, and some-
                     thing in X15-X19 is also present, code the latter only.

G. Absence of   Effective July 1, 1964, see revision of X35-X39 in Appendix I.
   Extremities,   Category X35 is not shown and has not been used since July 1,
   and Certain   1961. Category X36 is limited to Absence, lung; X37, to
   Other Sites   Absence, kidney; X38, to Absence, breast. Changes in X36-X38
                     have been in effect since July 1, 1961.

                     X39 has been changed to read: "Absence, rib or other bone,
                         joints, muscles, without loss of extremity".
                     X39 includes absence of rib, vertebrae, pelvic or other bones,
                         joints, muscles of trunk. However, if any of these are
                         missing because of surgery to remove lung or kidney, code
                         absence of lung, or of kidney, only.
                     X39 includes absence of particular bones, joints, muscles of
                         extremities when the extremity, itself, is still attached
                         to the body. If the extremity itself is absent, code
                         only as for absence, extremity.

                     Code absence: of jaw, to X92; of nose or ears, to X90; of
                     larynx (voice box). to X11; of tooth or teeth -3 mos, to 535,
                     but if 3 mos+, to X92.

                     Effective July 1, 1964: If absence, codable to X39, has
                     caused something in X80-X89, ignore X39.

G. Absence of
   Extremities,
   and Certain
   Other Sites--
   Con.

Note: For absence of parts not included in the X-Code,
see Vol II, under Absence. Be careful to select the
proper ICD code. If a part is missing for a known
cause, such as surgery, or injury, code as acquired;
code as congenital only when specified as congenital.

See also HIS Medical Coding Manual Section IV, item H,
for rules for coding surgical removal of parts of body.

H. Paralysis,
   Complete or
   Partial

Cerebral palsy and other types of residual paralysis are
coded to X40-X69 with the correct etiology code. See
these categories in Appendix I, and also categories
330-334, 344, 351, 352, 780.4, 780.5, and 787.0 in Ap-
pendix III.

Effective July 1, 1961, we wish to clarify and amend
the instructions for coding multiple and ill-defined
after-effects of "strokes" and of other diseases of
brain and/or spinal cord. Whereas paralysis, complete
or partial of extremities and trunk, is not the only type
of after-effect,--and "strokes" and other intracranial
vascular lesions are not the only kinds of conditions
that cause paralysis,-effects of "strokes" are very
frequently some form of paralysis or paralytic weakness
in X40-X69.

Whether the "stroke" is 3 mos+ or not, and regardless
of what the residual(s) might be, if the cause is anything
in ICD 330-334, the person must be given one of the
codes in 330-334. He may also be given one or more
X-codes or some other ICD codes. Categories 330-334 will
now collect an unduplicated count of persons who report
"stroke", "brain clot", brain hemorrhage, or anything
else in ICD 330-334, regardless of date of onset, and of
whether there were residuals, or of what the residuals
might be. For strokes due to injury, see App III, 330-334.

The following applies to paralysis 3 mos+, in X40-X69,
which may have various kinds of causes; always add the
correct etiology code. If the cause is something in
330-334, add the 4th digit .7, and code also 330-334. For
other causes, select the correct 4th digit, and code the
causative chronic condition also if it is now active and
progressive.

H. Paralysis,
    Complete or
    Partial--
    Con.

1. Date of   Paralysis is not codable to the X-Code if -3 mos. If -3 mos,
    onset   and the cause is known, code only to cause; if cause is un-
                    known, and the site is:
                        (a)   1 limb only - code to 787.0
                        (b)   2 or more members (arm and leg) (both legs),
                              assume stroke to be cause, and code 334
                        (c)   face - code to 360

2. Multiple   For HIS, effective July 1, 1961, use only one code per person
    sites and   in X40-X69, as follows:
    types,   a. If cerebral palsy (and synonyms) in X50 are present,
    3 mos+, in   with any other in X40-X69, code X50 only
    X40-X69
                       b. Any in X40-X49, with any in X51-X69, code X40-X49 only,

                           AND:

                       c. Prefer X44, X46, X47, X48 over others in X40-X49, and
                           as a rule:
                               X48 over all others, and
                               X44, X46 over X47.

                       d. If there are combinations of upper and lower, on opposite
                           sides, prefer lower. If there are combinations of ex-
                           tremities and "chest", or trunk muscles, or shoulder(s),
                           code to extremities only if codable to X40-X50. If
                           X40-X50 are not present, code any in X51-X59 with any in
                           X60-X69 to X51-X59 only. If X51-X59 is to be coded,
                           select the code that expresses the most extensive or serious
                           involvement.

                       e. If 1 arm, and 1 leg are affected, and the report does
                           not say whether on same side of body, assume that they
                           are and code as for hemiplegia. If one of these mem-
                           bers is partially paralyzed and the other is completely
                           paralyzed, code to X47.

                       f. If X40-X59 are not present, and there are multiple
                           sites in X60-X69, prefer X60, X61, X69 in that order.

H. <u>Paralysis,</u>
    <u>Complete or</u>
    <u>Partial--</u>
    Con.

    2. Multiple   Examples:
        sites and   Paralysis, 3 mos+, due to old polio, affecting
        types,   stomach, entire right leg, left upper arm: Code
        3 mos+, in   X43.2
        X40-X69--
        Con.   Partial paralysis, 3 mos+, due to old polio, in
                              both shoulders and upper back - with total paraly-
                              sis in all of left arm: Code X40.2

                              Entire arm paralyzed and tongue paralyzed, 3 mos+,
                              due to old polio: Code X40.2

                              Totally paralyzed, one arm, partially paralyzed
                              one leg, due to clot on brain, 3 mos+: Code
                              X47.7 and 332

    3. Problem   <u>Effective July 1, 1961,</u> the following terms are amended
        Terminology   or clarified:

                          a. "Spastic (nerves) (muscles)", since birth,: Code
                              as for cerebral palsy.

                          b. "Spastic (nerves) (muscles)", 3 mos+, not since
                              birth, of unspecified site, or involving limbs,
                              trunk, back, code as for Palsy.

                          c. <u>Spasms</u> (muscles) (nerves), "twitching" tremor,
                              trembling and the like, involving limbs, trunk,
                              back: code as for "Trouble" of those sites; any of
                              these, 3 mos+, due to stroke or other specified
                              diseases and injuries of brain or spinal cord are
                              to be coded as for Palsy. <u>See also 780.4 revised,</u>
                              in Appendix III.

                          d. Palsy, or paralysis, described as "shaking",
                              "trembling", "nervous", particularly in older per-
                              sons, can be assumed to be Parkinson's (paralysis
                              agitans), and coded to ICD 350, only. When 350 is
                              used, no X-code for palsy is required.

                          e. **Ataxia** NOS, or poor coordination (muscular), -3
                              mos: code 780.5. If 3 mos+, code as for Paralysis,
                              partial, or palsy. In cases of Friedreich's ataxia,
                              no X-code for ataxia is required.

H. Paralysis,
    Complete or
    Partial--
    Con.

    3. Problem   f. "Equilibrium," or "balance," (sense of) difficulties:
        Terminology--   If -3 mos, code to 781.7, as per ICD; if 3 mos+,
        Con.   code to X13. See also item E of this section.

                       g. "Staggering", "stumbling": code as for "Trouble,
                           walking".

                       h. "Foot drop" or "wrist drop," or "hangs limp": code
                           as for paralysis, of these sites.

                       i. Paralysis, "waist down", or affecting "lower body":
                           code as for Paraplegia.

                       j. "No use" or "can't bend", "can't straighten","can't
                           sit up"- in reference to limbs or back: code as for
                           "Trouble" of these sites. If 3 mos+, and due to
                           strokes or other diseases and injuries of brain or
                           spinal cord, code as for Paralysis, by site. However
                           if "partial" is mentioned, or the person can move the
                           part to some extent, code Paralysis, partial.

                       k. "Dead nerve" NOS, 3 mos+, in (d-l), due to polio or
                           some other cause, could imply numbness or paralysis;
                           if not qualified further, code to X99 by etiology.

I. Non-Paralytic   See Appendix III, 787, and Appendix I, X70-X79. For HIS,
    Orthopedic   effective July 1, 1961, categories X70-X79 are amended as
    Impairment,   follows, with certain clarifications as of July 1, 1963.
    NEC
                       a. Conditions of this kind, -3 mos, in 787,--and 3 mos+
                           in X70-X79,--are to include "spasms (muscular)
                           (nervous)" of limbs, back, trunk, and are to be coded
                           as for "Trouble" of these sites.

                       b. Conditions 3 mos+ codable to X70-X79, but due to stroke,
                           polio, or other diseases of brain or spinal cord:
                               Any of these with indication that the person is
                               bed-ridden, chairfast, or unable to move the part
                               at all: code to Paralysis, by site. Without this
                               information, code "pain" with no other orthopedic
                               disability, to X70-X79; code "weakness" or others
                               in X70-X79, except "pain," to Paralysis, partial.

I. **Non-Paralytic**
    Orthopedic
    Impairments,
    NEC--Con.

c. Any condition codable to X70.7-X79.7 only, must
   also have one of the codes 330-334; if due to
   stroke NOS, code 334.

d. For X70-X79, with other impairments, see item L,
   following.

e. For X70-X79, with multiple causes, see item M,
   below.

J. **Deformity,**
    Limbs, Back,
    Trunk

See also X80-X89 in Appendix I.

Effective July 1, 1964, if any in X80-X89 are due to
something in X39, ignore X39. If any in X80, X82, X84,
X86-X89, or structural deformities of limbs, trunk,
back described as "atrophy", "withered", "shrivelled",
are with or due to "strokes", polio, or other paralytic
diseases or injuries of brain and spinal cord, or are
reported as the effects of such conditions, code only
to Paralysis by site, type, extent of limitation of
the part, and cause. For any in X81, X83, X85 with or
due to these causes, code the paralysis also.

See L, also, for multiple impairments, same person.

K. **Impairment,**
    NEC

See also Appendix I, categories X90-X99, for revisions
effective July 1, 1961.
   a. Code absence, nose, lips, ears to X90
   b. Code absence, jaw to X92; code absence, tooth or
      teeth, 3 mos+ to X92.
   c. Note expansion of X94 (dwarfism) to include
      "Midget", and "stunted growth". However,
      "stunted growth" and cases of "underheight", not
      dwarf or midget, due to specified active disease,
      code that only.
   d. A person may be given one or more codes in X90-
      X99. There is no code within X90-X99 for mul-
      tiple conditions of this nature. However, see
      also L.

L. Multiple Impairments, Same Person

Effective July 1, 1964, guides for coding multiple impairments per person are restated as follows:

1. The idea is to code each distinctly different X-Code condition the person had—certainly vision and hearing defects, paralysis, speech defects, absence of extremity, any important deformity or disfigurement. Two impairments per person are not unusual, three are sometimes reported, four are rare. If more than three per person are indicated, refer to supervisor who may advise that certain of them need not be coded.

2. Make use of rules which limit to one, only, <u>within</u> a group of codes, as in the case of vision, hearing, speech, impairment of sensation, intelligence, absence of extremity, paralysis, orthopedic impairment NEC.

3. <u>Rules for coding multiples involving limbs, trunk, back, spine are revised as follows,</u> and in 4 and 5 below. When these multiples are due to injury, and other multiples are <u>not</u>, separate the multiples due to injury, and select according to the rules in 4 and 5; for those multiples <u>not</u> due to injury, select according to the rules in 4 and 5, whether their etiology is the same or not. Thus code the multiples due to injury, and if there are one or more not due to injury code them separately but select or eliminate as shown.

4. If numbness or something else in X13 is present with any other X-Code involving limbs, back, trunk, ignore X13. If multiples involve only X40-X59 and X70-X79, prefer 1 in X40-X59.

5. Within X80-X89, more than one can be coded, subject to certain situations. If the same person has multiple codable conditions in X80-X89, prefer spina bifida (X81X), clubfoot (X83), deformity or defect of hip or pelvis (X85). Code these separately and <u>also</u> any paralysis that may be present. If the person has spina bifida (with paralysis) do not code any other non-traumatic X-Code for spine or back; if he has clubfoot (with paralysis), do not code any other non-traumatic X-Code for foot or toe; if he has something in X85 (with paralysis), do not code any other non-traumatic X-Code for hip or pelvis, leg, or foot except clubfoot. For <u>others</u>, codable to X80-X89 - with X40-X59 present or indicated - code only 1 in X40-X59; but if paralysis or paralytic causes are <u>not</u> present with these, code them but try to eliminate any that seem to be minor. If they are to be coded and 1 in X70-X79 is also present, as a general rule ignore X70-X79 unless the latter seems to be more disabling.

Examples:—a. Back trouble due to injury and spina bifida: code X70.9; X81X.

b. Curvature of spine, flatfoot, clubfoot-all due to cerebral palsy, from birth, and bad hip due to injury: code X50X; X83X; X75.9.

c. Congenitally deformed hip and leg and back trouble-cause DK: code X85.X only.

M. Multiple   The following applies when an impairment is to be coded
    Etiologies,   and is codable to the X-Code, and it has 2 or more sep-
    Per Impairment   arate causes.

    a. due to 2 or more accidents or injuries, 3 mos+:
       When the same class of impairment 3 mos+ has
       been extended or aggravated in successive ac-
       cidents, code the impairment according to its
       present status, and according to the latest
       Table A, if there are two. This applies to
       visual as well as nonvisual impairments, 3
       mos+. For example, if a person is blind in
       one eye from an accident, and blind in the
       other in a later accident, or has back trouble
       from one accident and foot trouble from
       another, combine the visual defect in one code,
       with .9, and combine the sites of the ortho-
       pedic impairment in one code, with .9.

    b. due to accident(s) 3 mos+ and disease(s) 3 mos+:
       When accidents and diseases contribute to or
       aggravate the same class of impairment, the
       general rule will be to prefer the accident(s)
       for the 4th digit code of the impairment. Code
       the class of impairment according to its present
       status.

       When accidents and disease, both, are involved
       in impairments due to strokes and other vascular
       lesions of the central nervous system, 3 mos+,
       code 330.9-334.9 separately, and code the im-
       pairment with .9 in the 4th digit. For example,
       if a hemiplegic, 3 mos+, due to cerebral hyper-
       tension, later fell and broke his hip, and now
       both legs are useless, the diagnostic codes will
       be X48.9 and 334.9.

       In cases of old infections and old injuries
       which both contribute to the same class of im-
       pairment, choose 9 for the etiology of the im-
       pairment.

    c. Multiple causes, injury not involved:
       As a general rule, if injury is not a factor,
       select the etiology code for the cause that
       started the chain of events. However, if
       "stroke" is one of multiple factors, prefer
       .7 in the 4th digit and code 334 X also.

    d. For special rules applicable to multiple causes
       of visual impairments, see Section VI, B,5.

**N.   When to
Code the Cause
Separately**

Coding impairments, by cause, creates certain other problems, especially when the cause is a condition in (d-2) that does not have a separate line of its own, and we don't know whether this cause is present and active.

a.   **Impairments in (d-1) due to infections in (d-2):**

Rheumatic fever and tuberculosis are always to be coded separately, as per instructions. If these are known to be inactive or arrested, but have caused impairments, code 403, or 009, also according to existing rules. Use 009 for inactive tuberculosis, of the lung, bone, meninges, or any other part.

Non-tuberculous respiratory, tonsil, ear, and mastoid infections in (d-2) only: Regard these as inactive, and do not code separately unless there is other evidence to show that they are chronic and active.

Shingles (herpes zoster): This disease is an acute-type disease, classified as due to a virus. If there is a residual that is an impairment, and it is 3 mos+, and shingles is in (d-2) only, and not on a separate line, code the impairment, but do not code the shingles separately.

Other infections in ICD 001-138 causing impairments: Some of these infections are acute type; others run a more chronic course. If there is no evidence that the disease is still active, and it does not have a line of its own, do not code it separately, in addition to the impairment.

b.   **Impairments due to operations:** None of these should be charged to therapeutic misadventure unless the person says that something went wrong at the time of the surgery. If the person says an accident happened, or a wrong technique was used, during the operation, code the impairment with 9 in the 4th digit, and as an injury. If the impairment is due to some post-operative condition not codable to therapeutic misadventure, use the rules in Section IV, H.

N. When to
    Code the Cause
    Separately--
    Con.

c. Impairments due to use of drugs in treatment of diseases or injuries: If the person says that a wrong drug was given, or otherwise indicates that the substance was given in a careless manner, code the impairment as a therapeutic misadventure. Otherwise, code the impairment as due to the disease or injury for which the medicine was given.

d. Impairments due to accidental nerve injury: Look for the present impairment, as stated in Table I, and code it with 9 in the 4th digit. No additional code for a nerve disease is necessary.

e. Examples of impairments, due to certain causes:

Back trouble due to adhesions from removal, 1 year+, of anal fissure: code adhesions only-- 577X.

One side hurts and weak from old appendix operation: code X79.3 only.

One leg short due to tuberculosis of bone, with no disability in the past year: code X84.1 and 009.

Deafness 3 mos+, due to operation for tonsillitis: code X09.3 only.

Deafness, due to medicine for tuberculous meningitis: code X09.3 and 009.

Numbness of finger, 3 mos+, Table I, due to cut nerve: code X13.9, only.

O. When Not to
    Code to X-Code

a. Certain impairments listed below, even if 3 mos+, are not coded to the X-Code; these are coded only in terms of ICD numbers for the chronic condition:

1. Impairments due to allergy or migraine: code the latter only.

2. X94-X97 (over - or under - height, weight) due to specified endocrine or other chronic disorders: code the latter only. Hydrocephaly (X93) due to specified active chronic disease of brain or meninges, code the latter only.

O. <u>When Not to</u>
<u>Code to X-Code</u>--
Con.

3. X70-X79 (orthopedic impairments) due to arthritis
or other active chronic diseases: code the latter
only. However, as already noted, if due to strokes
or others in 330-334, code X-Code and also 330-334.

4. X12-X13 (sensation disturbances, NEC) due to
arteriosclerosis or other active chronic disease:
code the latter only. If due to "strokes" etc.,
proceed as in 3, above.

5. X50-X69 due to Parkinson's disease or Friedreich's
ataxia: code the latter only.

b. Any of the following defects <u>-3 mos</u>, are to be coded to
the cause only, if known. If these are -3 mos, and cause
is <u>unknown</u>, assign the following codes which are ICD
codes modified for **HIS**, as shown in the Short Index and
Appendix III:
Defective sight 388
Defective hearing 396.1
Defective speech or voice 781.5 or 781.6, or 783.5
Loss of sense of taste or smell 367
Loss of voice 783.5
Disturbance, sensation, NEC 781.7
Paralysis, face 360
Paralysis, 1 limb only 787.0
Paralysis, 2 or more members (arm <u>and</u> leg)
(both legs) (etc.) 334
ORTH IMP NEC 787.1-787.7
Overweight or Underweight 788.4

A. Injuries and   Briefly, an injury is any condition in ICD N800-N999,
    Their Effects,   except that, damage done to any part of the body because
    General   of continuous stresses and strains, continued exposure
                        to loud noise, constant heavy lifting will be coded as if
                        nontraumatic. Poisonings in 960-979, and their effects,
                        however, will be coded as injuries whether they occurred
                        in a single exposure or by continued exposure, as
                        formerly.

                        Effects of injuries are to be coded according to the
                        date of onset shown in table I, whether or not this
                        conflicts with the data in table A. Effects, -3 mos,
                        except loss of part, are coded to 800-999; effects, 3
                        mos+, are coded to the effects specified, if that is
                        known, with 9 in the 4th digit; see specific instructions
                        following later in this section.

                        When the effect of an injury was first noticed in the past
                        3 months, according to table I, but table A shows that the
                        accident happened more than 3 months ago, nevertheless code
                        the condition as if it had happened in the last 3 months,
                        as instructed in E, following.

                        Review Appendix III, categories 800-999, for certain
                        modifications, and many notes of explanation.

                        In general, a completed table A is evidence that the con-
                        dition should be coded as an injury. If table A and Col
                        (d-2) are blank or "unknown," and the condition in (d-1)
                        is "laceration" or "concussion" or other term clearly in-
                        dicating a "one-time" injury, code as an injury, and pro-
                        ceed as instructed in B, following. If the condition is
                        "strain", "soreness" or other term (except in poisonings
                        in 960-979), that may or may not be from continued expo-
                        sure, code it as an injury if there is a table A, and do
                        not code it as an injury if table A is blank. If there
                        is a footnote indicating one-time occurrence, code as an
                        injury, but if a footnote indicates continued exposure
                        (except in poisonings in 960-979) do not code as an in-
                        jury. Poisonings in 960-979 are injuries regardless of
                        length of exposure. Make use of all information on the
                        questionnaire. Be sure that the term, site, or substance
                        is codable to 800-999, and not to a disease in 001-799.
                        If not sure that the condition is codable to injury, con-
                        sult the supervisor. Refer cases of "blood poisoning" if
                        3 mos+, or if its origin is not clear.

B. **Recording Additional Facts About Injuries and Accidents**

In addition to the diagnostic code for the nature of an injury (for Cols 16-19 of the Condition Card), it is necessary to record, for injuries in table I, how many injuries were sustained in a single accident, whether hospitalization was involved for any part of this accident, whether a table A was filled, and where and how the accident happened. Cols 21, 22, 56-60 of the Condition Card are used for facts of this kind. This data is not needed for the Hospital Card. If a a condition is not related to injury or accident, Cols 21,22, 56-60 of the Condition Card are left blank.

1. **Table A- Needed or Not Needed?**

Note whether a table A has been filled and whether a table A is needed for <u>this</u> accidental injury. If a table A is filled and needed, see that the line number in the box at the top, left, agrees with the line number for the condition in table I. If a table A has been filled, but is <u>not</u> needed, cross it through in red pencil, on the questionnaire.

If you judge that a condition is codable to injury, according to ICD-HIS rules, but the interviewer has <u>not</u> filled a table A for it, record this fact as follows:

MCC: Fill Col 56, and leave Cols 57-60 blank.
If the injury was due to some misadventure in preventive or therapeutic medical or surgical procedures, fill the "1" oval. If it could have been incurred in any <u>other</u> kind of circumstance, fill the "2" oval.
If the data for Col 56 is applicable, for any injury condition, then Cols 57-60 must be left blank because none of the necessary facts have been obtained by the interviewer.
Also write, in red, in the left margin of the first unused table A, the "1" or "2" described above, as applicable, and insert in the small box the correct line number of the condition in table I. If all table A's have been used, write, in red, this "1" or "2" and the line number, in the footnote space of page 8.
The MCQ will check this entry, and in case the MCC has failed to enter this, the MCQ will enter it on the questionnaire.
<u>If there is a table A, and it is needed, the MCQ makes no notation; the MCC will leave Col 56 blank, and will fill Cols 57-60 of every Condition Card for each injury condition that is to be coded, as follows:</u>

2. **Motor Vehicle Involved?**

Col 57: If "yes" in 3a, transcribe and go to 3C.
If "no" or "DK", in 3a, transcribe and go to 4.
If blank, transcribe as "V" and go to 4.

B. Recording
   Additional
   Facts About
   Injuries and
   Accidents--
   Con.

   3. Moving   Col 58: If "yes" in 3a, there should be an entry in 3c.
      Motor   Transcribe this entry; if "DK" transcribe as "DK";
      Vehicle   if blank, transcribe as "V".
      Involved?

   4. Where   Col 59: Transcribe as entered. If "some other place" is
      Did   checked and 4b is blank, or if 4a and 4b are both blank,
      Accident   transcribe as "V". If "DK" or "NA", transcribe as "DK".
      Happen?   Recode the "other" in 4b.8, if it can be classified to one
                      of the other categories.

                      Definitions for types of place are as follows:

                      HOME: Includes not only the person's own home but also any
                      other home, vacant or occupied, in which he might have been
                      when he was injured, as well as homes being remodeled or
                      undergoing repair. Do not consider an accident occurring
                      at a house under construction as occurring at home, but
                      transcribe as "Industrial place" for these.

                      AT HOME INSIDE: Includes inside the house, in any room or
                      porch, but not an inside garage. Porches, or steps leading
                      directly to porches or entrances, are considered as "inside
                      the house". Falling out of a window or falling off a roof
                      or porch also are included as "inside the house". Also to
                      be included in this category are injuries happening within
                      motel or hotel rooms. The lobby, corridors, and other public
                      places within the motel or hotel premises are not to be re-
                      garded as "home", and should be transcribed as "other".

                      AT HOME OUTSIDE: Includes the yard, the driveway, patios,
                      gardens, or walks to the house, or a garage. On a farm the
                      adjacent premises include the home premises or garage, but
                      not the barns or other buildings (unless used as a garage),
                      or the land under cultivation.

                      STREET AND HIGHWAY: This means the entire width between prop-
                      erty lines of which any part is open for the use of the public
                      as a matter of right or custom. Note that this includes more
                      than just the traveled part of the road. "Street and highway"
                      includes the whole right of way. Public sidewalks are part
                      of the street but private driveways, private lanes, private
                      alleys and private sidewalks are not considered part of the
                      street.

B. Recording
   Additional
   Facts About
   Injuries and
   Accidents--
   Con.

Definitions for types of place--Con.

FARM: Include here any accident occurring in a farm building
or on land under cultivation, but not in the farm home or
premises. "Farm" includes a ranch, as used here.

INDUSTRIAL PLACE: This is to be transcribed if the accident
occurred in industrial places and premises--such as a factory
building, a railway yard, a warehouse, a workshop, a loading
platform of a factory or store, etc. A construction project
(houses, buildings, bridges, new roads, etc.) is included in
this class, as well as buildings undergoing remodeling. Pri-
vate homes which are undergoing remodeling are not to be
classified as industrial places and premises, but instead
should be classified as "home". Other examples of "industrial
place" are logging camps, shipping piers, oil fields, ship-
yards, sand and gravel pits, canneries, and auto repair garages.

SCHOOL (including school premises): Include here accidents
occurring either in the school buildings or on the premises
(campus). This classification includes all types of schools--
elementary, high schools, colleges, business schools, etc.

PLACE FOR RECREATION AND SPORTS: Include here accidents occur-
ring in places which are designed for sports and recreation-
such as bowling alley, amusement park, baseball field, dance
hall, lake or mountain or beach resort, stadium. In contrast,
a person injured while sledding on a hill near his home, for
example, would not be transcribed as "sports and recreation"
even though sledding is a sport. Places for recreation or
sports located on the premises of an industrial place should
be classified as "Industrial place and premises". Exclude
recreation and sports at schools from this class, since this
would be transcribed as "School (including school premises)".

OTHER: "Other" is to be transcribed as the place of the ac-
cident if the "other" box has been checked, and the coder can-
not reclassify to one of the above categories. Examples of
the type of place that must remain "other" would be: grocery
store, restaurant, office building, church, etc.

5. Were
   You
   At Job
   or
   Business?

Col 60: Transcribe as entered. If blank, fill the "V" oval;
         if "DK" or "NA", fill the "DK" oval.

B. **Recording Additional Facts About Injuries and Accidents-- Con.**

Judge whether a single accident produced only one codable condition or more than one, and, if there are several due to <u>this</u> accident, which should be coded as "first". This applies whether the accident is recent or happened a long time ago.

> **MCQ:** Use a 5th digit, either "X" or "O", after a dash, after the 4-digit nature of injury code, for each injury code:
>
> X = first, or only, condition in <u>this</u> accident
>
> O = other condition(s) of multiples, in <u>this</u> accident

6. **"First" Injury?**

> When there is more than one injury condition for a single accident, apply the "X" to the one that has the largest number of days of restricted activity in past 2 weeks, (Col (i)), and the "O" to the other(s). When all of multiples have no days, or equal days, in Col (i), apply the "X" to the first condition and "O" to the other(s). The number of "X's", in the 5th digit, should be the same as the number of <u>separate accidents</u>; and the conditions with "X" in the 5th digit should be the ones which also show the most days of restricted activity in the past 2 weeks for any one accident.
>
> **MCC:** Record the above information in Col 21 of the Condition Card, filling the "yes" oval as comparable to "X", and the "no" oval as comparable to "O". If several cards are required for one accident, "yes" will be entered in Col 21 on the "first" and "no" will be entered in Col 21 on each of the others.

7. **Required Hospitalization?**

Check table II to see if the person was hospitalized for any condition caused by <u>this</u> accident:

> **MCQ:** Use a 6th digit, either "X" or "O", after the 5th, as follows:
>
> X = yes, hospitalization in table II, for <u>this</u> accident
>
> O = no, no hospitalization in table II for any part of <u>this</u> accident
>
> **MCC:** Record this information, "yes" or "no", in Col 22 of <u>each</u> card you fill for <u>any</u> injury condition.

C. **Loss of Eye, Any Onset, Due to Injury**

Injury involving loss of one or both eyes (from the socket) is coded to Blindness due to injury - in X00.9-X02.9, no matter when the accident occurred. Do not code the original nature of the injury in 800-999.

D. **Loss of Limb, Any Onset, Due to Injury**

If caused by injury, code to X20-X34, by site, with .9 in the 4th digit, no matter when the accident occurred. Do not code the original nature of injury. (In cases of severance of nose or ear-flap, due to injury, code to X90.9, not 800-999.)

E. **Other Injuries, -3 mos**   Look for the original nature of injury or poisoning. Keep in mind that damage done, except by poisoning, must have been sustained in a one-time occurrence, possibly involving several hours but no more than 24.

All injuries -3 mos, except as in C and D, must have 8 or 9 in the first digit, and a 4th digit other than 9. For "disc" conditions and hernia, due to injury -3 mos, see 839 and 848, Appendix III. If other disease names, such as arthritis, bursitis, etc., -3 mos and due to injury (as now defined) are reported, code to the specified original nature of injury; if the nature of injury is not specified, use 996, by site.
Determine whether the injury is -3 mos from Table I. If Table A shows that the accident happened 3 mos+, but Table I says -3 mos, code the injury condition, whatever it is, according to the rules above for injuries -3 mos. All injury conditions codable to 800-999,-3 mos, must have 2 (acute) in Col (aa).

If injury conditions, -3 mos, are due to continued exposure, and, therefore, cannot be coded as injuries, use some code in 001-799, and code as if non-traumatic, according to the condition specified. If a specific disease or symptom name is reported, code that. Ill-defined "troubles" due to continued exposure, but -3 mos, must be coded to the number used when non-traumatic. Sprains and strains, -3 mos, involving back, limbs, trunk, but due to heavy lifting or other stresses for longer than a day can be coded to 787.1 -787.7, by site, as for "trouble" of these sites, -3 mos. Other injury names, -3 mos, which cannot be coded to 800-999 because due to continued exposure, can be coded to the ill-defined non-traumatic "trouble" code for the site.

F. **Injuries, 3 mos+, Present Effect Known**   Code the present trouble with 9 in the 4th digit; do not code the original injury separately. If the present effect is due to continued exposure, code it as if non-traumatic.

G. **Sprains, Strains, 3 mos+**   Code the present effect, if mentioned, and due to injury, with 9 in the 4th digit. See also Appendix III, 840-848. "Heavy lifting" is no longer codable to injury if continued. The terms "strained", "dislocated", "displaced", 3 mos+, no effect specified, and involving the limbs, back, trunk, can be coded as for ill-defined "trouble" of those sites, in X70-X79, with the appropriate 4th digit.

H. **Dislocations,**
3 mos+

Code in the same manner as for sprains, 3 mos+, in G, above. See also Appendix III, 830-839. If the original accident was a "one-time" event, but the joint trouble following it occurs off and on or continuously, this is to be coded to injury; however if the joint condition has arisen because of continued stresses over a period of time, this is not an injury. For example, a "slipping knee" due to one football accident, 3 mos+, is X76.9; but a "dislocated knee" due to heavy work over a period of time is X76.Y.

I. **Other Injuries,**
3 mos+, No Effect
Specified

If not as in G, H, above, injury descriptions, 3 mos+, in (d-1) in terms only of the injury name--such as "fractured", "cut", "punctured"--are to be coded to the injury type in 800-999 with 9 in 4th digit, and are regarded as "old" injuries, whether or not there has been delayed healing.

J. **Multiple**
Injuries
and Multiple
Accidents

a. More than one injury or more than one effect of injury may follow from the same accident. Code each of multiple conditions in the same accident of the same person unless a coding rule or the indexing permits the use of a single code for multiple sites or conditions.[1] See item B, 6 and 7, of this Section for application of the 2 additional digits.

b. If more than one member of a household is hurt in the same accident, count as separate accidents, rather than multiple effects of one accident.

c. Multiple accidents, same person: A person may have multiple recent and/or multiple old accidents. All separate accidents, with injuries codable to 800-999, must be recorded whether the codes in 800-999 are same or not. When the effects of multiple accidents are codable to the X-Code, or some other code, with 9 in the 4th digit, code each accident unless a later accident produces the same effect as an earlier one, or extends the sites of the same type of impairment or chronic disease that started in an earlier one. To avoid over-coding chronic conditions, in these situations, code only the latest state of the chronic condition, using the circumstances (how and where) of the latest table A.

[1]Effective July 1, 1963, the following rule is added: When there are multiple symptoms 3 mos+, due to injury, and these are reported in the same line, code only one, following the rules of selection outlined in Section IV, F,2 of this Manual; code the selected symptom with .9 in the 4th digit.

J.	Multiple
	Injuries
	and Multiple
	Accidents--Con.
		Examples, 4 digit codes:
		1. Cut hand last week and cut other hand 3 weeks ago:
		      Code 883X and 883X.
		2. Lost one eye 10 years ago and lost other eye 2 months
		      ago: Code X00.9.
		3. Sprained arm, last week and strained back 5 years ago:
		      Code 840X and X70.9.
		4. Sprained arm, 1957 and strained back, 1955: Code
		      X78.9, combining these sites in X70-X79.
		5. Nervousness due to 2 accidents, 3 mos+: Code 327.9.

K.	Birth or Delivery Injury	Birth injuries to infants are counted with diseases--not with injuries in 800-999. See Appendix III, 760-761. Delivery injuries to the mother, at time of delivery, are coded to delivery by type of injury.

L. EXAMPLES OF CONDITIONS CODABLE TO OR INVOLVING "INJURY"   CODE

Condition	1st 4 digits
1. Headache every day, past 2 years, from breathing fumes from chemicals used on job---------------------------------	791.9
2. Hip and back pains, injured 1954, while lifting[1]------------	X75.9
3. Cut foot, -3 mos, in accident------------------------------	893.X
4. Bad hip, fall, 1911---------------------------------------	X75.9
5. Strained muscles in back, 3 mos+, due to injury[1]------------	X70.9
6. Stiff neck and sore arms, past 2 weeks, caused by jarring in auto accident--	996.8
7. Headache past 2 weeks, due to hot weather------------------	791.X
8. Earache, past 2 weeks, got water in ears; swimming everyday-	394.X
9. Hernia, -3 mos, from accident[1]----------------------------	848.X
10. Arthritis, -3 mos; fell and dislocated wrist---------------	833.X
11. Deafness, 3 mos+, from working a long time in noisy factory-	X09.Y
12. Back trouble -3 mos, 3 days of spring cleaning-------------	787.5
13. Broken ear drum, cause "D.K.", no Table A-----------------	396.0
14. Dislocated back, 3 mos+, cause "D.K.", no Table A----------	X70.0
15. Eyes inflamed -3 mos, due to smog-------------------------	379X
16. Stomach trouble, gunshot wounds, part of intestines removed, 3 mos+---	545.9

---
[1] One-time occurrence.

Note: Procedures for coding conditions related to childbearing are the same as in earlier years. They have been rewritten because of column number changes on the Questionnaire and to clarify certain of the instructions.

See Section II, Step 1, d, 2, for rules for making "dummy" cards for hospitalizations indicated in Questions 13, 15, or elsewhere, which, according to interviewers' instructions, should be in table II, but are missing in table II. If a birth is "missed" - from question 15d - make 2 dummy hospital cards, 1 for the mother, 1 for the child.

See Section II, Step 5, for special editing and checking and other procedures pertaining to all types of conditions in table II, including rules for filling the Hospital Card.

Section VIII, here, refers to conditions related to childbearing, whether they are in table II or table I, but particularly to those which are in table II, since practically all deliveries and births and many of the abortions (miscarriages) are hospitalized.

Review conditions in 640-689, in Vol. I and App. III, for conditions of childbearing, for the mother, and conditions in 760-777, in Vol. I and App. III, for certain diseases of early infancy.

A. Infants

All babies born in the hospital on or after the date stamped in question 13 should be recorded in table II. However, well newborn infants, or infants born dead, are not given a diagnostic code, and their stays are deleted by the Medical Coder from table II. However, any infant who is treated for prematurity or any disease or abnormality must be given a diagnostic code, in table I or II, and such stays are not deleted. Circumcision of newborn infants done routinely before the infant leaves the hospital is not counted as an operation, and is not coded.

B. Pregnancy

"Pregnancy" refers to the period of gestation before delivery or abortion. Use the numbers 640-649, only, for complications arising in pregnancy or complicating a current pregnancy, while the woman is pregnant, and before delivery or abortion occurred. If during one episode of illness for a complication of pregnancy a delivery or abortion occurred, code only the delivery or abortion.

C. Abortions

Abortion (miscarriage), coded to 650-652, refers to the premature expulsion from the uterus of a nonviable fetus (not able to live) at less than 7 months gestation. If reported in table II, code the diagnosis code in Col (h), and in Col (i) code whether or not an operation was done for it (1-digit code X, 0, 1, 2), and if an operation was done, code the 2-digit code for the type of operation reported - for example "D and C", code 78. If a "Cesarean" operation should be reported, code 93.

D. Deliveries   Delivery, normal or complicated (categories 660, 661, 670-678)
                  refers to cases of 7 months or more gestation with the infant
                  born alive or dead. If in table II, code the diagnoses in Col
                  (h), and in Col (i) always code "X" (there was an operation)
                  whether or not the person says there was an operation, and code
                  also one of the 2 operation codes that apply to delivery -
                  either 93 or 95:

                      93 Cesarean (birth, section, operation) with
                             any other procedure for delivery
                      95 Any other operations or procedures for delivery
                             except Cesarean

                  Thus, 95 will be used for any and all hospital procedures for
                  delivery, provided Cesarean is not mentioned, and will also be
                  used even though the person says there was no operation. 93
                  will be used with diagnosis 661, or any other for which a
                  Cesarean operation was performed. 95 will be used for diagnoses
                  coded to 660, or cases in 670-678 when a Cesarean is not men-
                  tioned. If some other operation is performed on the mother
                  after the baby is born, and while the mother is still in the
                  hospital - such as "tubes tied" (79), or "D and C" (78), code
                  it in addition to the 95 or 93.

E. Complications The "puerperium" refers to the 2-month period (approximately)
   Following   following a delivery or abortion. For HIS, the numbers 680-689
   Delivery   are for complications arising after the fetus or infant has been
                  expelled, and after the woman has been discharged for the de-
                  livery or abortion.

F. Coding   Any condition in table I coded to the numbers 640-689 must have
   Col (aa),   "2" in Col (aa); the MCC will enter "2" in Col 42 of the Condi-
   Table 1   tion Card. Conditions complicating a current pregnancy are
                  coded as acute even though they may have started in the earlier
                  months of this pregnancy. Conditions due to previous pregnancies
                  are not coded to the numbers 640-689, but to the numbers for the
                  conditions indicated. For example, varicose veins "due to
                  pregnancy", in a woman who is not pregnant now nor in the puer-
                  peral stage (2 months after delivery), is coded to 460X, and as
                  chronic. See also Section IV, R, for hypertension and other
                  toxemias of pregnancy.

                  If a complication of pregnancy, in table I, is reported for
                  a woman who is now pregnant, and Col (m) is checked, as first
                  noticed before 3 months, nevertheless edit in red pencil to
                  Col (n) and check the "before 2 weeks" box in Col (o). The MCC
                  will fill Col 41 of the card according to the edited data.
                  Lines of table I, having to do with any part of the childbearing
                  experience must be edited with respect to days of disability,
                  and for entries beyond Col (aa), as instructed in Section II.

A. **Table II,**
   General

For conditions related to childbearing, see Section VIII.
Refer to Section II, Step 1, d, 2, and Step 5, for special
editing and checking procedures, and for filling the
Hospital Card. Section IX, here, contains rules, for both
the MCQ and the MCC, for determining the diagnostic and
operation codes to be used for a hospital admission.

B. **Coding the**
   Diagnosis

Only one diagnosis per admission is to be coded. For selection
of one code when more than one condition is in one line, see
item D below.
The person may have had more than one admission for the same
or a related condition or for something different. Each
admission should be coded according to the diagnostic state-
ment for that stay.
The condition may be in table I, also. Compare the wording
of the condition in both tables, but the codes need not
agree unless it is evident that the same site, type, and
stage is meant in both tables.

Effective July 1, 1963, an admission for which the medical
coder assigns some diagnostic code in Col (h) of table II
(and Cols 25-28 of the Hospital Card) is redescribed, as
follows:

    1. The "dates" of a codable admission must be those out-
       lined in Section II, Step 5,a, of this Manual.

    2. Any codable stay must have been for overnight or long-
       er.

    3. A codable stay includes normal, or complicated,
       delivery for the mother; as mentioned earlier, stays
       for well babies are not coded.

    4. A stay for a well person accompanying sick rela-
       tibes is not coded. However, if a well person stays
       overnight for the purpose of donating blood, skin,
       bone or other tissue, code this as an admission,
       but use 795.5 in Col (h).

    5. A stay overnight for observation, X-rays, check-up,
       routine or not, with no condition mentioned on ad-
       mission nor found during the stay is to be coded as
       an admission, but use 795.5 in Col (h).

    6. A stay overnight for observation or testing of any
       kind for a specified condition-but with mention that
       this condition was not found, and nothing else was
       found, either, code to 793.0-793.2 (Observation with-
       out need for further medical care).

B. <u>Coding the</u>
    <u>Diagnosis</u>--
    Con.

7. If the observation or check-up, is for a <u>specified</u> con-
    dition, and the person is found to have <u>this</u> condition
    or some other condition during the stay, code whatever
    the final diagnosis is. Also, if the observation or
    check-up is for a <u>specified</u> condition, code the condi-
    tion even if there is no mention of what was actually
    found during the stay.

8. A stay for a person 65 or over, whose stay is for care
    only because of his age, code 794; if age is not men-
    tioned and no illness condition is mentioned, code
    795.5.

<u>Codes differing according to whether acute or chronic-</u>
<u>whether or not the condition is also in table I</u>:

a. If there is a "third" code for <u>unspecified</u> whether acute
    or chronic, as in bronchitis, nephritis, appendicitis,
    etc., use it.
b. For injuries, use 800-999 with "X" in the 4th digit un-
    less it is clear that an injury 3 mos+ is being treated.
c. Tonsil or adenoid conditions: code 510.0.
d. If the condition is in table II only, and there is a dif-
    ferent code for acute or chronic, use the form for acute,
    except as in a and c above.
e. If the condition is in table I and <u>chronic</u>, and in table
    II also, but there is doubt about being chronic at time
    of admission, use the form for acute, except as in a and
    c above.

<u>Inadequate diagnostic terms, table II</u>: For reports involving
"observation" or "check-up" <u>see</u> above. If a stay is codable,
but the disease description is so vague that it can't be
coded to anything else, use 795.5. If the report shows <u>only</u>
<u>what</u> <u>was</u> <u>done</u>, and <u>not</u> <u>what</u> <u>it</u> <u>was</u> <u>done</u> <u>for</u>, code as follows:
            circumcision, not routine: 615.
            obstetrical procedures: code as for delivery.
            tonsils or adenoids removed: code 510.0; appendix
              removed, 551.
            other "removals" or other terms involving surgery,
            including amputation of any part: code 795.5.

<u>Injuries, table II</u>, require only the 4-digit diagnostic code
in Col (h). If in table II only, no table A is required.

C. <u>Coding</u>
   <u>Operations</u>

1. What to
   include

For multiple operations, <u>see</u> item D, below. Surgical procedures, include not only incision (cutting in), excision (cutting out), but the setting of bones, the introduction of tubes for drainage, "tapping," terms ending in "-scopy" (procedures for internal viewing and treatment) and others which the person and the coder may not think of as "operations."

a. If the diagnosis is fracture of any bone except <u>rib</u>, use the code for procedures for fracture unless a later admission or a footnote or the kind of report specifies that no procedure for fracture was performed during that admission. No operation will be coded for fracture of <u>rib</u> unless the report shows that an operation was done for the fractured rib.

b. Effective July 1, 1961, if the diagnosis is dislocation of any joint or bone except rib, use the code for dislocation procedures, by site, unless it is <u>known</u> that no operation was done, as in the case of fractures, in a.

c. If there is mention of "cystoscopy" or some other term ending in "scopy," and the person says "no operation," code as "yes", with the operation code number.

d. Transfusions will not be coded as operations for HIS; code "no" if reported as an operation.

e. Pumping out, washing out (lavage) of stomach or bowels is not to be coded as an operation.

f. For HIS purposes, terms ending in "-gram" or "-graph" will not be coded as operations <u>unless</u> the examination is known to be of the <u>brain</u> or <u>spinal cord</u> (with the injection of materials for facilitating X-ray photography); or is called "angiogram", or "arteriogram".

g. Other kinds of procedures: code as reported. If in doubt whether a procedure should be counted as an operation, consult the technical supervisor.

C. Coding
    Operations,
    Con.

2. Using the   The coder in training must become familiar with the content
    Index of   and structure of the 2-digit Classification of Operations
    Operations   in Appendix II, and the arrangement of the indexing of op-
                     erations in the Short Index.
                     The code "XX" is used when an operation was performed but there
                     is no information about the site or type of the operation.
                     Categories 93, 95 (delivery) were discussed in Section VIII.

                     Categories 00-89, 8X divide operations by site into systems
                     and regions of the body; within each of these broad groupings
                     there are further subdivisions for certain operations on cer-
                     tain sites, or for any operation for certain diseases of one
                     part of the body, or for any operation on a certain part of
                     the body regardless of what the procedure is or what the dis-
                     ease is. Examples are:

                           01 Thyroidectomy
                           62 Operations for ulcer of stomach, duodenum or jejunum
                           81 Operations for pilonidal cyst
                           83 Procedures for fractures, NEC
                           30 Operations on the heart
                           68 Operations on the liver

                     Certain names of operations and procedures frequently reported
                     are indexed in alphabetical order, such as Appendectomy,
                     Bronchoscopy, D and C, etc. When the operation is for a cer-
                     tain disease or injury, those diseases are listed alphabeti-
                     cally--"Cataract operation 20," "Derangement," knee, any op-
                     eration 85," "Harelip operation 61," etc. When the category
                     includes operation NEC, for a disease, NEC, of the site, the
                     site code number is listed under "Operation NEC," at the end
                     of the operations index.

D. Multiple   Since only one diagnosis per admission can be coded, use the
    Diagnoses;   following guides if more than one disease or injury is reported:
    Multiple   a. Make use of possible combination codes for conditions or
    Operations   sites.
                     b. If the conditions or sites do not combine, consider for
1. Multiple   coding the one that seems to add most to the length of stay,
    diagnoses   or appears to be the most serious.
                     c. In cases in which all of multiples seem to be of equal
                         weight, and there is no other reason for choosing one over
                         the other(s), code the first one mentioned. Consult the
                         technical supervisor in problem cases.

2. Multiple   All of multiple operations reported in Col (i) are to be coded,
    operations   except in the following situations:

D. Multiple
    Diagnoses;
    Multiple
    Operations
    Con.

  2. Multiple   a. When appendicitis is not reported as the diagnosis, but
        operations   the appendix is removed during the course of an operation
        Con.   for some other condition, do not code the appendectomy
                              separately.
                          b. Note, effective July 1, 1963: When hysterectomy is done
                              with mention, in one admission, of surgery for other parts
                              of the female genitourinary system, code 77 only, and not
                              any other(s) in 70-79, 7X. See also Appendix II, Category 77.
                          c. If the code number is the same for multiple procedures,
                              code it only once.
                          d. Multiple procedures in delivery: select one.
                          e. If the language used in Col (i) is vague, or there is
                              doubt about whether more than one operation was performed,
                              consult the technical supervisor.

E. Applying   The codes X, 0, 1, or 2 tell whether or not an operation was
    1-digit code,   done - according to data in Col (i) of table II. Col (h)
                      sometimes gives a clue to whether or not there was an operation.

                      Use "2" if no operation, as defined by HIS, is indicated, or
                      if the person does not know whether any operation was done.

                      Use "X" if it is known that an operation was done, or the
                      condition is one for which HIS regards as surgically treated
                      whether the person says so or not, and when it is clear that
                      the operation was done for the diagnosis you have coded in
                      Col (h).

                      Use "0" if it is clear that an operation was done, but you
                      are reasonably sure that it was not done for the selected
                      diagnosis.

                      Use "1" if it is clear that an operation was done, but you
                      don't know whether it was done for the coded diagnosis or
                      for something else, or if there is no clue as to the type of
                      operation.

F. Examples, coding diagnoses and operations, Table II

Col (h)		Col (i)	
Diagnosis	Were any Operations done?	Name of operation	
1. Brain concussion; cut ear 852X	Yes - 0	Took stitches in ear	25
2. Cataract 385X	Yes - X	Removed cataract	20
3. Fractured hip, punctured lung, cut forehead 861X	Yes - X	Tube in lung Stitches in forehead	54- 83- 82
4. Vaginal bleeding 637.2	Yes - X	Removed ovaries and uterus	77
5. Cystoscopy for kidney trouble 603.3	No - X	Blank	71
6. Observation for head injury 856X	No - 2	Blank	
7. Observation and X-rays 795.5	DK - 2	Blank	
8. Benign tumor of breast 213X	Yes - X	Tumor removed	76
9. Internal injuries of liver and spleen 864X	Yes - 1	DK	XX
10. Kidney trouble 603.3	Yes - 1	Blank	XX

APPENDIX I

X-CODE FOR SPECIAL IMPAIRMENTS (X00-X99)

By Type, Site, and Etiology

Revised July 1, 1964

87

APPENDIX I. SPECIAL IMPAIRMENTS

A. DEVELOPMENT OF
THE X-CODE

The general subject of impairments has been under
special study for some time by a subcommittee of the
U. S. National Committee on Health and Vital Statistics
but the final recommendations of the subcommittee are
not yet available.

In 1955-1956 the Division of Public Health Methods
developed the X-code for Special Impairments following
the general pattern of the supplementary Y codes of the
ICD in that all three elements of type, site, and
etiology may be expressed in one diagnosis, but the
list of impairments was expanded. The X-Code had been
tried and found useful in coding impairments as reported
in household health surveys and in other kinds of mor-
bidity studies requiring relatively simple detail for
statistical presentation, and was accepted for use by
HIS.

In order to develop such a classification it had been
necessary to make a selection of the conditions that are
to be considered "impairments," since all other conditions
are to be coded according to ICD. The term "impairment"
has no actual definitive, medical significance. Cardiac,
mental, arthritic patients are "impaired," in a sense,
as well as the amputees, the blind, and the deaf. How-
ever, defects of the heart, lungs, other internal or
respiratory organs are in general excluded from the X-Code
unless these sites are involved in paralysis, absence of
part, or post-operatively in the formation of an artificial
opening or valve. Chronic progressive disease processes
of all systems are excluded but it is difficult sometimes
to draw the line in some areas of disease between what
is a "chronic disease" and what is an "impairment."
For example, speech defects, mental deficiency, cerebral
palsy are included in the X-Code, but epilepsy, multiple
sclerosis, Parkinson's disease, and personality defects
are to be considered chronic diseases to be coded to ICD
codes. Malformations of the teeth and jaws including
malocclusion are included in the X-Code, but dental
caries and all infections and diseases of the teeth and
mouth are to be coded by ICD codes.

B. **CHARACTERISTICS
OF SPECIAL
IMPAIRMENTS**

a. Special impairments are usually aftereffects or residuals of disease or injuries or they have been present since birth, but they may accompany an incurable or progressive chronic disease and may be the presenting factor in treatment or rehabilitation rather than the disease itself.

b. They are often but by no means necessarily permanent, but if not permanent they must always be chronic or long-continuing or of "chronic type" in order to be considered an "impairment." Many respond to corrective therapy, medical or surgical.

c. They represent decrease or loss of ability to perform such functions as seeing, hearing, tasting, smelling, other sense perception, chewing, speaking, understanding, reading, writing, use of symbols, locomotion, lifting, manipulation, making a presentable appearance, or measuring up to normal standards of size, height, or weight.

d. They are for the most part functional or structural musculoskeletal and neuromuscular abnormalities or defects, or defects of special senses, speech, intelligence.

The main groups of Special Impairments by type and site are:

X00-X05 Impairment of Vision
X06-X09 Impairment of Hearing
X10-X19 Impairment of Speech, Intelligence, Special Sense except as in X00-X09
X20-X39 Absence, Loss, Extremities, and Certain Other Sites
X40-X69 Paralysis, Complete or Partial, All Sites except as in X00-X19
X70-X79 Non-Paralytic Orthopedic Impairment (chronic) NEC
X80-X89 Specified Deformity of Limbs, Trunk, Back
X90-X99 Defect, Abnormality, Special Impairment NEC

C. Impairments,   Impairments by type and site are listed below as
    by ICD Codes,   classified by ICD and the X-Code. In List 1, the
    and by X-Codes   ICD number is specific for the impairment. In
                        List 2, the impairment is included in an ICD cate-
                        gory that contains conditions other than the im-
                        pairment and/or is classified to various scattered
                        categories, according to site.

1. List 1   ICD Code   X-Code

        287 Obesity-------------------------------- X96
        325 Mental deficiency-------------------- X15-X19
        326.0 Specific learning defects---------- X14
        326.1 Stammering and stuttering--------- X10
        326.2 Other speech impediments---------- X11
        351 Cerebral spastic infantile
            paralysis------------------------------ X50
        389 Blindness---------------------------- X00-X02
        397,398 Deaf mutism and other deafness--- X06-X09
        533.0,533.5,533.7: Malocclusion and
            other structural defects of teeth---- X92
        726.2 Torticollis----------------------- In X86
        734 Internal derangement of knee joint ⎫
        736 Affection of sacro-iliac joint-------⎬In X70-X79
        737 Ankylosis of joint   ⎭
        745 Curvature of spine------------------- X80
        746 Flatfoot---------------------------- X82
        747 Hallux valgus and varus------------- In X84
        748 Clubfoot--------------------------- X83
        749 Other deformities (including--------- In X84-X89
            acquired absence of limbs)--------- and X20-X34.
        751 Spina bifida------------------------- X81
        752 Congenital hydrocephalus------------ In X93
        755 Cleft palate and harelip------------ X91
        758.0 Congenital dislocation of hip------ In X85
        758.2 Congenital malformations of skull-- In X93
        758.4 Cervical rib---------------------- In X89
        758.5 Congenital deformity of lumbosa-
            cral joint------------------------- In X80

2. List 2   ICD Code   X-Code

        Defective vision, not blind (in 380)----- X05, X03
        Absence, member or organ (various)------- X20-X39
        Paralysis (in 352, 357, 360, others)----- X40-X69
        Orthopedic impairment NEC (various)------ X70-X79
        Disfigurement (facial) (in 716)---------- X90
        Other dentofacial handicap (various)----- X92
        Dwarfism (in 277 and others)------------- X94
        Gigantism (in 272)---------------------- X95
        Underweight (in 286.5 and 772)---------- X97
        Artificial orifice or valve (various)---- X98
        Loss, special sense NEC (various)-------- X12-X13

D. "Late Effects"   Except for 083.0-083.2, none of the ICD 3- or 4-
    Codes of ICD   digit categories for "late effects" of certain con-
ditions are used when the X-Code is used. These
ICD categories are:

013   Late effects of tuberculosis of bones
       and joints
035   Late effects of gonococcal infection
081   Late effects of acute poliomyelitis
083   Late effects of acute infectious encephalitis
      083.0   Postencephalitic Parkinsonism
      083.1   Postencephalitic personality and
           character disorders
      083.2   Postencephalitic psychosis
      083.3   Other postencephalitic conditions
284   Late effects of rickets
344   Late effects of intracranial abcess or
      pyogenic infection
351   Cerebral spastic infantile paralysis,
      including residuals of intracranial and
      spinal injury at birth
352   Other cerebral paralysis, including
      residuals of conditions in 330-334.

If a "late effect" or residual is included in the
X-Code, the type and site is selected from X00-X99
and the cause is shown by adding another digit from
one of the 2 sets of etiologic factors, listed be-
low. For example, "paralysis of both legs due to
polio" is coded X44.2; according to ICD this diag-
nosis would be 081X- showing the cause, but not the
type or site. If the diagnosis is "deafness due to
old scarlet fever" the code is X09.3; according to
ICD this cannot be expressed in one code since ICD
has no category for residuals of scarlet fever.
If an impairment is of the types included in the
X-Code, all causes (diseases, injuries, poisonings,
congenital origin, etc.) can be expressed by the
addition of one of the etiologic codes. Since
these are 1-digit codes the number of causes that
can be shown specifically is admittedly limited,
but information about cause is often unreliable or
lacking.

E. "Late Effects"   If some specified residual--such as personality
    Not Included   disorder--is due to a disease on the list, but is
    In X-Code   not in the X-Code, it must be coded by ICD codes
                          other than ICD late-effects codes, unless 083.0-
                          083.2 can be used. For example, personality dis-
                          order (not in the X-Code), due to encephalitis, may
                          be coded to 083.1; but if due to polio, code to
                          320.7, and not to 081. Past etiology is sacrificed
                          to a present condition, if both cannot be expressed
                          in one code.
                          Any specified late effect of injury or poisoning,
                          whether in the X-Code or not, is expressed by
                          using "9" as the 4th digit.

F. Ill-defined   When the past etiology is known, but the present
    Late Effects   effect is not stated, and the etiology is one of
                          the diseases in the ICD late effects codes, proceed
                          as follows to avoid using any of the ICD "late
                          effects" codes:
                                  "Effects of stroke": code 334X
                                  All other ill-defined effects of diseases,
                                      such as "post-polio", "old birth injury",
                                      "post-encephalitic": code to X99 with
                                      the appropriate 1-digit etiology code.

                          Ill-defined "late effects" of some disease not on
                          the list must be coded as unknown (795.5); for
                          example, "aftereffects" of measles with no state-
                          ment of what the condition is, must be coded to
                          795.5, since the disease is no longer present,
                          and the effects are not specified.
                          For full detail of how to code late effects of
                          injury, see Section VII of the Medical Coding
                          Manual of HIS.

G.   LISTS OF 1-DIGIT ETIOLOGY CODES

1. **FOR IMPAIRMENT OF VISION, ONLY (X00-X05)-REVISED JULY 1, 1964**

   .0   Unknown or unspecified origin
   .1   Cataract (385)* any origin except as in .5-.9 (with any condition
         in .4)
   .2   Cataract (385)* with glaucoma, any origin except as in .5-.9
   .3   Glaucoma (387)* any origin except as in .5-.9, without cataract,
         (with any in .4)
   .4   Other local eye diseases (370-388* except 385*, 387.*)
         (any infection of eye)
   .5   Diabetes (260) (with cataract or glaucoma)
   .6   Diseases of the arteries NEC (450-456)
   .7   Vascular lesions, CNS (with arteriosclerosis) (with hypertension)
         (330-334)
   .8   Neoplasm (140-239)
   .9   Accident or injury except at birth
   .X   Congenital origin NEC or birth injury
   .Y   Conditions not in .0-.9, or .X (noncongenital) (nontraumatic)
         (not localized to eye) (hereditary) (old age) ("age" NOS)

2. **FOR ALL IMPAIRMENTS EXCEPT OF VISION (X06-X99)**

   .0   Unknown or unspecified origin
   .1   Tuberculosis, any site
   .2   Poliomyelitis
   .3   Other infection or inflammation, ulcer, any site (general)
         (local) (scarlet fever) (meningitis) (encephalitis)
         (arthritis) (osteomyelitis) (neuritis) (etc.)
   .4   Neoplasm (140-239)
   .5   Diabetes (with gangrene) (260)
   .6   Diseases of arteries (gangrene) (general arteriosclerosis)
         (450-456)
   .7   Vascular lesions, central nervous system (330-334)
   .8   Rickets and osteomalacia
   .9   Accident or injury except at birth
   .X   Congenital origin or birth injury
   .Y   Diseases and conditions except as in .0-.9, .X (noncongenital)
         (nontraumatic) (noninflammatory) (hereditary)
         (old age) (age NOS)

H.   LIST OF SPECIAL IMPAIRMENTS, BY TYPE AND SITE (X00-X99)

Note: For complete instructions for coding all types of impairments according to the HIS method, see Medical Coding Manual, Section VI.

X00-X05   IMPAIRMENT OF VISION - REVISED JULY 1, 1964 (FY 1965)

       X00   Visual impairment: Inability to read ordinary newspaper print with glasses, and impairment indicating no useful vision in either eye

       X01   Blind in one eye, with impairment as in X03

       X02   Blind in one eye, with impairment as in X05

       X03   Visual impairment: Inability to recognize a friend walking on the other side of the street AND other visual difficulty, but NOT as in **X00-X02.**

       X05   Impaired vision except as in X00-X03

X06-X09   IMPAIRMENT OF HEARING

       X06   Deafness, total, both ears including deafmutism
               Includes persons, with or without speech, who are completely deaf and cannot be benefited by a hearing aid

       X07   Impaired hearing, severe
               Includes persons who have some hearing but cannot hear ordinary conversation (except with hearing aid)

       X09   Impaired hearing except as in X06, X07
               Includes: deafness NOS; hard of hearing NOS; "trouble with hearing" NOS; impaired hearing, one or both ears, not classifiable to X06, X07

X10-X19   IMPAIRMENT OF SPEECH, INTELLIGENCE, SPECIAL SENSE

X10, X11   IMPAIRMENT OF SPEECH

X10   Stammering, stuttering

X11   Other speech defect

Excludes deafmutism (X06) and cleft palate
speech (X91)

Effective July 1, 1961 includes absence of larynx, and
speech and voice defects, 3 mos+, due to such causes as
removal of larynx, (voice box), and other structures
involved in speech and talking.

X12-X13   IMPAIRMENT OF SPECIAL SENSE, EXCEPT EYE OR EAR

X12   Loss or impairment of sense of smell and/or taste

X13   Loss or disturbance of sensation NEC

X14-X19   SPECIAL LEARNING DISABILITY AND MENTAL DEFICIENCY

X14   Special learning disability (reading) (mathematics)
("mirror" writing or reading) ("mixed dominance")
-affecting school progress

X15   Mental deficiency, mongolism

X16   Mental deficiency, severe except in mongolism

X17   Mental deficiency, moderate

X18   Mental deficiency, mild

X19   Mental deficiency, degree not specified

X20-X39   ABSENCE, LOSS, EXTREMITIES, AND CERTAIN OTHER SITES

Note: Absence or loss of one or both eyes is to be coded as
for blindness, one or both eyes, in X00-X02.   Absence or impairment
of other senses, sense organs, speech, intelligence is coded to X06-X19.
For HIS, see Medical Coding Manual, Section VI, G, for instructions
and restrictions in the use of categories X35-X39.   See Section IV, H,
for surgical removal of parts of body, table I.

Upper Extremity:
    X20   Arm, at or above elbow, and arm NOS
    X21   Arm, below elbow and above wrist
    X22   Arms, both
    X23   Hand, except fingers or thumbs only
    X24   Hands, both, except fingers or thumbs only
    X25   Fingers and/or thumbs, only, one or both hands

Lower Extremity:
    X26   Leg, at or above knee, and leg NOS
    X27   Leg, below knee and above ankle
    X28   Legs, both
    X29   Foot, except toe(s) only
    X30   Feet, both, except toes only
    X31   Toe(s), only, one or both feet

Upper and Lower Extremities:
    X32   One upper (arm or hand) with one lower (leg or foot), except digits
          only
    X33   Three or more (arm, hand, leg, foot) except digits only
    X34   Fingers and/or thumb(s) and toe(s)

CERTAIN OTHER SITES:
    X36   Absence, lung
    X37   Absence, kidney
    X38   Absence, breast
    X39   Absence, rib, or other bone, joints, muscles, without loss of extremity.
          See also Medical Coding Manual, Section VI, G.

X40-X69 PARALYSIS, COMPLETE OR PARTIAL, ALL SITES, EXCEPT AS IN X00-X19

Excludes paralysis agitans, or synonyms, in ICD 350.
Note: For HIS, see Medical Coding Manual, Section VI, H, for revision and clarification in methods of coding paralytic conditions resulting from "stroke" and other diseases and injuries of brain and spinal cord.

X40-X49 Paralysis NOS (Complete) of Extremities and Trunk

X40 Upper extremity, one, except fingers only
X41 Upper extremities, both
X42 Finger(s) only
X43 Lower extremity, one, any part except toes only
X44 Lower extremities, both (paraplegia)
X45 Toes only
X46 Paraplegia with bladder or anal sphincter involvement
X47 One side of body, one upper and one lower, same side (hemiplegia)
X48 Three or more major members, or entire body (quadriplegia)
X49 Paralysis, NOS, or of other sites of extremities or trunk (complete)

X50-X59 Cerebral Palsy; Paralysis, Partial, of Extremities and Trunk
Includes: Paresis, palsy, paralytic "weakness," or "tremor".

X50 Cerebral palsy (and synonyms)
       Includes "spastic" if present since birth (congenital)
X51 Partial paralysis, arm(s) or finger(s)
X52 Partial paralysis, leg(s) any part(s) ("drags foot")
X53 Partial paralysis, one side of body (hemiparesis)
X54 Partial paralysis, other sites of extremities or trunk
X59 Partial paralysis, Palsy, Paresis - NOS

X60-X69 Paralysis, Complete or Partial, Sites Except Extremities or Trunk
X60 Paralysis, complete or partial, face (Bell's palsy or paralysis)
X61 Paralysis, complete or partial, bladder or anal sphincter, without mention of paralysis of extremities
X69 Paralysis, complete or partial, sites not of extremities, trunk, nor affecting special senses or speech

X70-X79 NON-PARALYTIC ORTHOPEDIC IMPAIRMENT (CHRONIC) NEC

Excludes: paralysis (X40-X69) and specified deformities in X80-X89.

Includes: Limitation of motion NEC; stiffness (complete or partial); "flail joint"; instability of joint; frankly ill-defined, symptomatic, but chronic difficulty, weakness, "trouble," pain, swelling, "limping", involving muscles, joints, limbs, back or trunk, of unknown cause, or due to healed injuries 3 mos+ or to past and now inactive diseases; old (3 mos+) sprains, strains, or dislocations with effect not elsewhere classifiable, or not stated.

Excludes all "disc" conditions (ICD 735).

NOTE: Orthopedic impairment NEC, as in X70-X79, is not to be coded as a separate diagnosis if due to specified active chronic disease; code chronic disease only.
Effective July 1, 1959, when multiple sites in X70-X79 are involved, and one is the hip, code X75 only.
See also Medical Coding Manual, Section VI, I.

Orthopedic Impairment NEC (Chronic) Involving:

X70   Back NOS, spine NOS, vertebra NOS (low) (lumbosacral) (sacro-iliac) (entire)

X71   Cervical or thoracic region of back, spine, vertebrae

X72   Coccygeal region of back, spine, vertebrae (last bone of spine)

X73   Shoulder, upper arm, forearm above wrist; arm NOS

X74   Wrist, hand, finger, thumb, -- sites in X73 not involved

X75   Hip and/or pelvis, alone, or with any other site in X70-X79
          Excludes congenital dislocation of hip (X85.X)

X76   Knee, leg NOS, - hip not involved

X77   Ankle, foot, toe, - sites in X76 not involved
          Excludes impairments involving arches of foot, feet (X82)

X78   Multiple sites NEC (back and legs) (fingers and toes) (legs and arms) (arms and back)

X79   Other and ill-defined sites
          Includes: rib; trunk, NOS; "side," NOS; limping, staggering, stumbling, trouble in walking, NOS.
          Excludes: jaw (X92); and ataxic gait, which if 3 mos+, is coded as for Paralysis, partial.

X80-X89 SPECIFIED DEFORMITY OF LIMBS, TRUNK, BACK

NOTE: Includes specified structural deformities of limbs, trunk, back, described as: contracture; atrophy; accessory ("extra"); shortening; "crippled"; "shrivelled"; "drawn up"; "twisted"; "withered." See also Medical Coding Manual, Section VI, J.

Includes scarring and contractures involving limbs, neck, back, trunk, but excludes scarring and disfigurement of face, nose, lips, ears (X90).

Excludes dwarfism and other deviations from normal size, weight, height (X94-X97); and paralysis, all sites (X40-X69).

X80 Curvature and other structural deformities of spine or back, except as in X81.X
Note: Effective July 1, 1961, this category includes all structural deformities of spine or back, except spina bifida. It excludes chronic back conditions in X70-X72, and chronic disc conditions (735).

X81.X Spina bifida (with meningocele) (always congenital)

X82 Flatfoot (including weak or fallen arches and other difficulty with arches)

X83 Clubfoot

X84 Deformity, other and multiple, lower extremity, NEC.

Includes: genu valgum (knock knee); genu varum (bowleg); tibial torsion; hammer toe; hallux valgus or varus; any deformity of toe; deformity leg NOS, foot NEC, knee. Excludes X82, X83.

X85 Dislocation, congenital, and other deformity hip and/or pelvis

X86 Deformity, neck or shoulder region

Includes: torticollis; Sprengel's deformity; deformity of neck and/or shoulder

X87 Deformity finger(s), thumb(s), only

X88 Deformity, upper extremity, except as in X86, X87

Includes deformity of: arm(s); hand (s) and finger(s), but excludes deformity involving fingers, thumbs, only.

X89 Deformity, trunk bones, NEC
Note: See category X80, as revised for July 1, 1961.

Includes: pigeon breast; cervical rib; postural defect NEC

X90-X99 DEFECT, ABNORMALITY, SPECIAL IMPAIRMENT, NEC

X90 Disfigurement, scarring, face, nose, lips, ears
Includes absence of nose, lips, ears

X91.X Cleft palate and harelip (with speech defect)

X92 Other dentofacial handicap
Includes: malocclusion; congenital anomalies of teeth or tooth; deformity or absence of jaw; absence, or deficient number, of teeth 3 mos+; deformities of palate and of other oral structures NEC. If stated to be disfiguring, code X90, only. If speech defect is also present, code this speech defect also.

X93 Deformity of skull (hydrocephaly) (microcephaly)

If mental deficiency is also reported, code it also under X15-X19.
If hydrocephaly is due to a specified active chronic disease of brain or meninges, code the disease only by ICD code number.

X94 Dwarfism; Midget; Excessively underheight
Note: Effective July 1, 1961, this category is expanded to include also (a) midgets, and (b) persons who report "stunted" growth or other conditions indicating subnormal height. However, in cases of (b), do not code as a separate diagnosis if due to any specified active disease.

X95 Gigantism (excessively overheight)

X96 Obesity (excessively overweight)
Do not code as a separate diagnosis if due to any specified present active condition.

X97 Excessively underweight
See note under X96

X98 Artificial orifice (opening) or valve (surgical), any site (colostomy)

X99 Special impairment, ill-defined site
Includes: "birth injury" or "brain injury," or "brain damage" at ages 3 mos+ without statement about type of residual; deformed NEC, site or type not indicated. Includes also ill-defined "after effects" of tuberculosis of bones and joints, gonococcal infection, poliomyelitis, encephalitis, rickets.
Excludes "strokes" without mention of effects; code to 334.X;
If an effect, 3 mos+, is ill-defined, but involves the limbs, back, trunk, use also a code in X40-X89 that most nearly fits the description of the effect.

APPENDIX II

2-DIGIT TYPE OF OPERATION CODE

2-DIGIT TYPE OF OPERATION CODE

0 Endocrine System

    01 Thyroidectomy
    02 Other operations on the thyroid gland
    09 Operations on other endocrine glands
          (adrenal, parathyroid, pineal, pituitary, thymus)
          Excludes: pancreas (6X); ovary (79); testicles (74)

1 Nervous System, Except Eye, Ear

    10 Treatment and tests, with operations, for mental and nervous system
       disorders
          Excludes spinal tap (13).
          Includes: myelogram, encephalography, and ventriculography.

    11 Operations on the brain, except as in 10
    12 Operations on the skull or cranium
    13 Operations on the spinal cord, or spinal meninges except as in 10
          Includes spinal tap
          Excludes operations for spinal "disc" (86) and for spine NOS (8X)

    14 Other operations on nervous system, except eye, ear

2 Eye, Ear, Mastoid

    20 Operations on eye, any part
          Includes eyelid, optic nerve, lacrimal tract, and all parts
          of eye and adnexa
    25 Operations on ear, any part, except with mastoid involvement
    26 Operations involving mastoid process (mastoidectomy)

3 Cardiovascular System

    30 Operations on heart
    31 Operations for varicose veins
    32 Operations on arteries, veins, capillaries - NEC
          Excludes operations for hemorrhoids (67)

4 Lymph System, Spleen, Bone Marrow

    49 Includes: operations on lymph glands or nodes, lymph vessels
          or channels, spleen, bone marrow; operations (incision and
          drainage) for infected lymph glands of any site

5   Respiratory System, and Chest NEC

    50 Tonsillectomy and/or adenoidectomy
    51 Other operations on throat, pharynx, tonsils
    52 Operations on nose or nasopharynx
        Includes procedures for nose fractures; operations on nasal septum
        Excludes operations involving skin only of nose (82)
    53 Operations on sinuses (accessory)
    54 Operations on lung and pleura
    59 Operations on other sites of respiratory system, and chest or thorax, NEC
        Excludes operations on ribs (89), and breast bone (89)

6   Digestive System, and Abdominal Regions NEC

    60 Operations on teeth, gums, and jaw NEC
        Excludes procedures for jaw fracture (83), jaw dislocation (84)
        and operations on jaw bone (89)
    61 Operations on other sites of buccal cavity
        Includes: operations on mouth, lips, tongue, palate, salivary
        glands; operations for cleft palate and harelip
    62 Operation for ulcers of stomach, duodenum, or jejunum
    63 Other operations on stomach, duodenum, or jejunum
    64 Operations for appendicitis
        Excludes appendectomy incidental to other operation;
        code other operation only
    65 Operations for hernia of any abdominal site
    66 Operations on: intestines except duodenum or jejunum; on rectum except anus
    67 Operations for hemorrhoids
    68 Operations on the liver
    69 Operations on gallbladder or gall ducts
    6X Operations on other sites of digestive system, and abdominal regions NEC
        Includes: operations on anus, esophagus, pancreas, peritoneum, perineum,
        abdomen NEC, abdominal wall, navel NEC, groin NEC, pelvis NEC; explora-
        tory laparotomy

7   Genitourinary System

    70 Operations on kidney
    71 Operations on bladder
    72 Circumcision
    73 Operations on prostate gland or for any prostate condition
    74 Other operations on male genital organs
    75 Mastectomy (complete or partial)
    76 Other operations on breast
    77 Hysterectomy (with other operations performed, in same stay, on other parts
        of female genitourinary system). Effective July 1, 1963, if hysterectomy
        is done with other surgery in 70-79, 7X, code 77 only; if done with other(s)
        not in 70-79, 7X, code 77, and the other(s) also.
    78 D and C
    79 Other operations on female genital organs
    7X Other genitourinary operations NEC

8 Skin, Musculoskeletal System, and "Regions" NEC (Head) (Extremities)

   80 Skin graft
   81 Operation for pilonidal cyst
   82 Other operations on skin and subcutaneous tissue
           Excludes all operations on eyelid (20), ear (25), lip (61),
           or face NEC (8X)
           Includes: operations for removal of birthmarks, warts, or
           moles; operations for boils, or skin infections or skin wounds—such as
           surface lacerations; and operations on nails, hair follicles, sweat or
           sebaceous glands
   83 Operations for fractures of bones, except of skull or nose
           Excludes operations for fractures and dislocations of skull (12) or
           nose (52)
   84 Operations for dislocations of joints and bone NEC
   85 Operations for knee derangements
   86 Operations for spinal "disc" conditions
   87 Amputations of finger(s), toe(s)
   88 Amputations of arm(s), leg(s)—any part except as in 87
   89 Other operations on bone
   8X Other operations on regions NEC (head) (extremities)
           Excludes operations, condition not specified, on abdominal
           "regions" NEC (6X), chest NEC (59)
           Includes operations NEC, condition not specified, on scalp,
           head, face, neck, chin, arm, shoulder, hand, finger, leg,
           hip, foot, toe, back NEC, spine NEC; excludes operations on these sites
           when the specific tissue involved—such as skin, bone, etc.—is apparent.

9 Surgical and Operative Procedures for Delivery

   93 Cesarean (birth, section, operation) with any other procedure for delivery
   95 Any other operation or procedures for delivery except Cesarean

XX Operation, type unknown, site unknown

   Includes operation NEC on gland NOS, or "side", or other very ill-defined site.
   Use XX when there is information to the effect that an operation was per-
   formed, but no information about what kind of operation, or about the body
   system involved.

MODIFICATIONS OF THE INTERNATIONAL CLASSIFICATION (1955 REVISION)
USED FOR THE HEALTH INTERVIEW SURVEY
(Revised July 1, 1964)

EXPLANATORY NOTES

A.	Purpose of Appendix III	Appendix III, revised, shows all variations from, or additions to, the provisions of ICD (Seventh Revision). It should be useful to the statistical analyst as well as to the medical coder. It serves as the base on which the HIS coding pattern is built. It should be used as a reference in deciding problem cases, particularly for rare or unusual terms that are not in the Short Index and which may not be in Vol. II.
B.	General Types of Modifications	Most of the changes and additions are in the areas of symptomatic and ill-defined conditions, in eye conditions, and all kinds of special impairments.
C.	Form of Appendix III	Each page has four divisions. Under "Category Title," the condition or class of conditions involved is listed with notes of explanation, especially if the HIS method of coding differs from the instructions for that category in Vol. I of ICD. The categories follow the ICD numbering plan, beginning with the first large class, Infective and Parasitic Diseases (001-138). At the left of each page are three columns listing the code number of a category under the headings "Content," "Not Used," "New Code."
	1. "Content"	Categories in this column have been changed by HIS in regard to some inclusion or exclusion, or need some explanation about what ICD includes there.
	2. "Not Used"	The ICD code number is not used, but the condition is classified by HIS somewhere else, as shown in the notes under "Category Title." There are no notes for ICD "late effects" codes; for instructions for coding late effects of all diseases and injuries, see Appendix I, the X-Code, and Sections VI and VII of the Manual.
	3. "New Code"	Categories in this column have been given a number that is not in the ICD numbering system--for some special purpose. For example, "Tuberculosis, arrested" is given 009, because the Y-Codes are not to be used, but such cases can still be distinguished from active cases in 001-007, 010-019. Another "new code" type is 096X, 780X, etc. (not 096.9, 780.9), so that 9 in the 4th digit will always mean "traumatic origin" for HIS. Other reasons include providing a distinguishing code for ill-defined "trouble" and other vague terms.
D.	Revision, July 1, 1964	A dozen or so pages of Appendix III have been rewritten to clarify certain minor inclusion items or instructions, but no category number changes have been made. The abbreviation "NHS" when not changed to read "HIS" (Health Interview Survey) should be interpreted to mean "HIS".

Con-tent	Not used	New code	Category Title
			INFECTIVE AND PARASITIC DISEASES (001-138) Note: For NHS, if strep throat (051), whooping cough (056), measles (085), rubella (086), or chickenpox (087), are reported with acute upper respiratory conditions in 470-475, in the manner stated in the notes for 470-475, App. III, do not code 470-475 separately. See also, App. III, 470-475.
002			PULMONARY TUBERCULOSIS For NHS, includes tuberculosis NOS
	008		TUBERCULOSIS, UNSPECIFIED SITE. Code to 002.
		009	TUBERCULOSIS (PULMONARY) ARRESTED
	013		LATE EFFECTS OF TUBERCULOSIS OF BONES AND JOINTS
	035		LATE EFFECTS OF GONOCOCCAL INFECTION
	081		LATE EFFECTS OF ACUTE POLIOMYELITIS

083.1			POSTENCEPHALITIC PERSONALITY AND CHARACTER DISORDERS
			    For NHS, include psychoneuroses, personality disorders, and conditions in 327, following, (3 mos+) conditions in 082.
			    Exclude: impairments in X-Code (speech defects), (mental deficiency), etc., due to conditions in 082.

	083.3		OTHER POSTENCEPHALITIC CONDITIONS
092			INFECTIOUS HEPATITIS For NHS, includes hepatitis NOS (acute) (chronic) (virus), unless indicated to be a form of hepatitis indexed elsewhere by ICD.
		096X	OTHER DISEASES ATTRIBUTABLE TO VIRUSES (Not 096.9) For NHS, include specific diseases not classifiable to 080-096.8, as per ICD, but exclude "virus infection," "the virus" (097).

		097	"VIRUS" (INFECTION) ILL-DEFINED
			    Includes: "virus" (infection) (with diarrhea).
			
			    Excludes: any specific condition due to virus that can be coded elsewhere, such as virus cold (470), virus sore throat (472.0), virus infection, throat (472.0), virus hepatitis (092).

Con-tent	Not used	New code	Category Title

	4th digits of 140-199		**NEOPLASMS (140-239)**
			For NHS, use the 4th digits for 200-205, but use X for 140-199; none of the 4th digits of ICD for 140-199 will be used; use X in the 4th digit of 210-239, which are 3-digit codes.
			
			Multiple sites and types in 140-239:
			Beginning July 1, 1958, only one number in 140-239, per person, is to be coded, using the following order of preference, for type:
			
			    200-205 (Leukemia, Hodgkin's disease, etc.)
			    140-199 (Malignant neoplasms, cancer)
			    210-229 (Benign tumors, certain cysts)
			    230-239 (tumors unspecified whether benign or malignant)
			
			If malignant, and the original (primary) site is known, code it, only. If reported as secondary or metastatic, and the original site is not known, code to 199, as per ICD. See also note under 199, Vol. 1. If a site is not specified, but the report says "full of cancer," "tumors all over body," etc., use 199, 229, or 239, depending upon whether the condition is specified as malignant or benign, or is unspecified.
			
			If 2 or more sites or types in 140-239 are specified, and none of the above is applicable, code only the first one mentioned.
			Note: Cysts, or other types of tumors, classified elsewhere than in 140-239 are to be coded separately as reported.
			
			Alternatives to 200-204: See Vol. I, pp. 98, 99:

	206		LYMPHATIC SYSTEM
	207		HEMATOPOIETIC SYSTEM

Con- tent	Not used	New code	Category Title

		/	(240-299)
			  ALLERGIC DISORDERS (240-245). See also, 701, 702, 703.
			    For NHS, all allergy, regardless of cause (irritant)
			    or of manifestation, is coded within 240-245, except:
			    a. Conditions codable to dermatitis due to plants,
			    allergic or not (702.0, 703.0)
			    b. Allergic reactions concurrent with medical and
			    surgical procedures (997-999)
			    c. Allergic purpura (296)
			    d. Allergic migraine (354)

240			HAY FEVER (seasonal) (nonseasonal)
			  Includes: hay fever (or synonyms) with any symptom
			  due to it; allergy with sneezing, or nasal or sinus
			  conditions due to allergy; allergy with eye symptoms
			  or with cough provided upper respiratory symptoms are
			  also present.
			  Note: If asthma is also present with a condition in
			  240, code to 241 only. Code allergic eye or ear
			  conditions or allergic cough, without mention of
			  conditions in 240 or 241, to 245.

241			ASTHMA (with or without hay fever) (bronchial) (NOS).
			  For NHS, if bronchitis or some other respiratory
			  condition is also reported but is not stated to be
			  due to allergy, code both the asthma (241) and the
			  respiratory condition. If asthma is reported with
			  any allergic respiratory condition, code asthma
			  only (241).
			
			  Excludes: allergy manifested by coughing (245) unless
			  accompanied by conditions codable to 240 or 241; car-
			  diac asthma (434.2); and asthma due to conditions in
			  523, 524 or other bronchial or lung diseases. When
			  asthma is known to be due to some nonallergic, respira-
			  tory condition, code the cause only, and do not code
			  241 separately. Do not code 241 with cardiac asthma
			  (434.2), but when heart disease of any kind is report-
			  ed, and asthma is also reported but it is not speci-
			  fied as due to the heart condition, code 241 and also
			  the heart condition.

	242		ANGIONEUROTIC EDEMA
			  Do not use after July 1, 1958. Code all allergic
			  conditions indexed to this number to 245.

	243		URTICARIA Also not used. Code to 245.

Con-tent	Not used	New code	Category Title
	244		**(240-299)--Continued** **ALLERGIC ECZEMA** For NHS, code all skin symptoms and diseases specified as allergic to 245, except allergy to poison ivy and other plants (by contact) which is coded to 702.0, or 703.0, only. Rash, dermatitis eczema, not specified as allergic but due to other irritants in 702, 703, are coded to 702, 703, only.
245			**OTHER ALLERGIC DISORDERS** For NHS, include: any and multiple allergies not involving conditions in 240, 241, 702.0, 703.0, 296 or 354; any combination of conditions indexed by ICD to 242-245, and allergy to contactants in 702.1-703.6 (oils, greases, solvents, drugs, chemicals, etc.). In multiple allergies, code separately conditions codable to 240, 241, 702.0, 703.0, 296, or 354 but any others are coded to 245, only. Include allergy to drugs or other medical or surgical materials, but when such allergic reactions accompany current illness or complicate current medical or surgical procedures, code to 997-999 only, by type of procedure.
253			**MYXEDEMA AND CRETINISM** Includes "low thyroid" (hypothyroidism)
254		254.0 254.1	**OTHER DISEASES OF THYROID GLANDS** Thyroid trouble or disease, NOS Diseases in ICD 254 except 254.0
270			**DISORDERS OF PANCREATIC INTERNAL SECRETION OTHER THAN DIABETES MELLITUS** Include "low blood sugar" (hypoglycemia), cause unknown.
275			**OVARIAN DYSFUNCTION** See note under 277.
276			**TESTICULAR DYSFUNCTION** See note under 277.

Con-tent	Not used	New code	Category Title
			(240-299)--Continued
277			POLYGLANDULAR DYSFUNCTION AND OTHER DISEASES OF ENDOCRINE GLANDS
			For NHS, categories 275-277 include the terms listed by ICD as primary disorders of endocrine gland functioning. They exclude all diseases of male and female genital organs classified elsewhere.
			For NHS, category 277 includes "hormone deficiency" NOS, and conditions due to "puberty," NOS, in male or female. If these terms are reported with a present active disease of male or female genital organs elsewhere classified, code that disease only.
		284	LATE EFFECTS OF RICKETS
286.5			Title changed to: MALNUTRITION, IMPROPER DIET, NEC
			For NHS, includes malnutrition, and ill-defined dietary conditions (with or without underweight, overweight, or other symptoms due to them) at ages 1 year and over, such as: "eats wrong foods"; "eats too much"; improper diet.
			It excludes: such conditions in infants under 1 year of age (772.0, 772.5); and cases of weight abnormality, ages 1 yr+, with onset in past 3 months, of unknown, familial, or hereditary origin (788.4). Weight abnormality, ages 1 yr+, with onset 3 mos+, of unknown, familial, hereditary origin, is coded to X96, X97, only, with the correct etiology code. Weight abnormality, ages -1 yr, NEC, is coded to 773, or to 772 if due to feeding problems.
			Weight abnormality, at any age or onset due to specified present active diseases (cancer, thyroid, malnutrition, psychiatric conditions, or any other) is coded to those conditions, only-as for any other symptom - and not to the X-Code.
286.7			OTHER AND MULTIPLE DEFICIENCY STATES
			For NHS, exclude malnutrition and ill-defined dietary conditions in 286.5

Con-tent	Not used	New code	Category Title

	287		(240-299)--Continued
			OBESITY NOT SPECIFIED AS OF ENDOCRINE ORIGIN
			Code overweight, obesity, as follows:
			  a. infants under 1 year: code 773.0 unless due to a specific cause, classifiable elsewhere.
			  b. at ages 1 year and over, onset in past 3 months, of unknown, familial, or hereditary origin: code 788.4
			  c. at ages 1 year and over, onset 3 mos+, of unknown, familial, or hereditary origin: code X96 only, with the appropriate etiology code.
			  d. at any age or onset, due to present, active condition (thyroid, other endocrine, dietary excess, etc.): code that condition only.

299			OTHER DISEASES OF BLOOD AND BLOOD-FORMING ORGANS Include "low blood count," "low blood," "too much blood", "lack" or "excess" of red or white corpuscles. PSYCHOSES (300-309) For HIS, the term "psychosis" includes synonyms such as: psychotic reaction, dementia, insanity, mental deterioration; it excludes: "mental illness," "mental disorder or condition" and other ill-defined terms classifiable to 327; and mental deficiency or retardation in X15 - X19. For psychosis due to physical causes, code as follows:

Syphilis---------------------	Syphilis, only, by type
Condition in 082------------	083.2, only
Menopause-------------------	302, only
Senility (old age)----------	304, only
Presenility-----------------	305, only
Use of alcohol--------------	307, only
Drug addiction--------------	308.2, only
During pregnancy------------	648.3, only
During puerperium----------	688.1, only
Childbearing, old-----------	309, only
Injury or poisoning, old-----	308 with 9 in 4th digit
Arteriosclerosis (cerebral)-	306, and cause
Conditions in 330-334-------	306, and cause
Brain neoplasms-------------	308.0, and cause
Epileptic conditions--------	308.1 and cause
Other active present diseases causing psychosis----	308.2 and cause

PSYCHOSIS WITH CEREBRAL ARTERIOSCLEROSIS
For HIS, includes psychosis due to arteriosclerosis, cerebral or not, or to any condition or combination of conditions codable to 330-334. Code the condition in 330-334 also.

(Content row value: 306)

Con- tent	Not used	New code	Category Title
			PSYCHONEUROSIS AND DISORDERS OF CHARACTER, BEHAVIOR, AND INTELLIGENCE (310-326, 327) For NHS, categories 315-317 will include symptomatic, functional, or "troubles" NOS only of heart, digestive and genito-urinary systems, and skin. Conditions involving other systems, "due to nerves," in 317, will be coded as if not due to nerves. For example, "asthma due to nerves" will be coded to 241 (asthma NOS). None of the ICD categories in 325, 326 will be used. See notes below. "Nervous weakness," adult maladjustment, combat fatigue, and similar terms are classified by NHS in 327 with other ill-defined "nervous and mental trouble." See 327.
315.2			OTHER CIRCULATORY MANIFESTATIONS OF PSYCHOGENIC ORIGIN For NHS, include only heart symptoms due to nerves not codable to 315.0-315.1; exclude hypertension and other specific heart and circulatory diseases "due to nerves," which are to be coded as if not due to nerves.
	317.0 317.4 317.5		PSYCHOGENIC REACTIONS AFFECTING RESPIRATORY SYSTEM PSYCHOGENIC REACTIONS AFFECTING MUSCULOSKELETAL SYSTEM PSYCHOGENIC REACTIONS AFFECTING OTHER SYSTEMS
	318.3		ASTHENIC REACTION Code conditions in this category to 327.
318.5			PSYCHONEUROTIC DISORDERS OF OTHER AND UNSPECIFIED TYPES Exclude "nervous breakdown," "tension," and similar ill-defined terms not classifiable to a specific type of psychosis, psychoneurosis, or organic disease; code to 327.
321.3			ENURESIS CHARACTERIZING IMMATURE PERSONALITY Includes enuresis, bedwetting, known to be a habit disturbance or emotional problem in child or adult.
322	4th digits		ALCOHOLISM For NHS, the 4th digits under 322 will not be used. Includes: all physical and mental conditions, except alcoholic psychosis (307) and cirrhosis and other chronic conditions of liver with alcoholism (581.1), due to use of alcohol, "drinking," "hangover."
323			OTHER DRUG ADDICTION For NHS, includes all physical and mental conditions due to drug addiction, except psychosis (308.2)

Con-tent	Not used	New code	Category Title

	325		(310-326, 327)--Continued
			MENTAL DEFICIENCY
			For NHS, code all degrees of mental deficiency or retardation to the X-Code (X15-X19) with the specified etiologic code. Code separately cerebral palsy, all other impairments, and chronic <u>active diseases</u> causing mental deficiency.
			
			Code degrees and types as follows:
			  Mongolism, mongolian idiot (congenital): X15.X
			  Severe (I.Q. under 50) (mental age under 7): X16
			  Moderate (I.Q. 50-69) (mental age 7-9): X17
			  Mild (I.Q. 70-84) (mental age 10-14): X18
			  Degree not stated: mental deficiency or retardation NOS; feebleminded NOS; backward NOS: X19

	326.0		SPECIFIC LEARNING DEFECTS. Code to X14
	326.1		STAMMERING AND STUTTERING Code to X10 if 3 mos+; code to 781.5 if -3 mos. <u>See also</u> Medical Coding Manual, Section VI, D.
	326.2		OTHER SPEECH IMPEDIMENTS Code aphasia, mutism, "no speech," and all speech conditions indexed by ICD in 326.2 to XII, if 3 mos+; code to 781.6 if -3 mos. <u>See also</u> Medical Coding Manual, Section VI, D.
	326.3		ACUTE SITUATIONAL MALADJUSTMENT Code conditions indexed by ICD in 326.3 to 327.
	326.4		OTHER AND UNSPECIFIED Code conditions indexed by ICD in 326.4 to 327.

Con- tent	Not used	New code	Category Title
		327	(310-326, 327)--Continued

(310-326, 327)--Continued
MENTAL OR NERVOUS TROUBLE, ILL-DEFINED
   Includes: conditions coded by ICD to 318.3, 326.3,
326.4, 790.0, 790.2; weakness and debility in 790.1,
if due to nerves; and ill-defined terms not specific
enough to be classified elsewhere - i.e. to any of the
categories for psychosis, psychoneurosis, psychogenic,
or personality disorders, or organic diseases, impair-
ments, and symptoms of the nervous system.

Includes:
  a. "bad nerves"   excitable
      brain syndrome,   "jitters"
        chronic, NOS   "nerves"
      depression, NEC   nervousness
      emotional trouble   tension
        or "upset"   worry

  b. Nervous or mental modifying:
      breakdown   condition   disturbance   prostration
      case   disease   illness   shock
      collapse   disorder   incompetence weakness

  c. symptoms in 780.7, 780.8, and 781X, if due to
        ill-defined nervous or mental trouble in 327,
      and nervous or mental trouble in 327 with
      such symptoms as the cause or kind.

For mental disorders in 310-314, 318, 327 due to:

    Syphilis---------- code syphilis only, by type
    Conditions in 082-   "   083.1 only
    Menopause---------   "   635, only
    Senility (old age) "   794, only
    Use of alcohol----   "   322, only
    Drug addiction----   "   323, only
    During pregnancy--   "   648.3, only
    During puerperium-   "   688.3, only
    Childbearing, old-   "   mental disorder, only, by type

    Injury or poisoning, " mental disorder,by type, with
                      9 in 4th digit

    All other active
      present diseases- "   mental disorder, by type, and
                   also the disease. If due to
                   any in 330-334, code 330-334
                   also.

Con- tent	Not used	New code	Category Title
			DISEASES OF THE CENTRAL NERVOUS SYSTEM (330-357) For all birth injuries and their effects, <u>see</u> notes under 351, and 760-761. For HIS, injuries to brain, spinal cord, and nerves, <u>not at birth</u>, -3 mos, are coded to 850-856, 950-959. <u>If 3 mos+</u>, they are coded as for all injuries 3 mos+. See notes above 806, and Medical Coding Manual. <u>All</u> forms of residual paralysis, 3 mos+, are coded to the X-Code, by site and etiology.
			VASCULAR LESIONS AFFECTING CENTRAL NERVOUS SYSTEM (330-334) For HIS, categories <u>330-334</u> include the listed condi- tions with or without hypertension and/or arterio- sclerosis, and with or without residuals. <u>For HIS, effective July 1, 1961</u>, categories 330-334 will collect an unduplicated count of persons who report "stroke," "brain clot," brain hemorrhage, or anything else in ICD 330-334, regardless of date of onset, and of whether there were residuals, or of what the residuals might be. No person will be given more than one code in 330-334, even though he may have had more than one "stroke." If the person has chronic mental or other residuals, or impairments in the X-Code, code <u>them</u> also. "Strokes" etc; 3 mos+, of <u>traumatic</u> origin, can be coded to 330-334 with .9 in 4th digit; however, if -3 mos, they must be coded only to the type of injury specified, ac- cording to the rules for injuries.
334			**OTHER AND ILL-DEFINED VASCULAR LESIONS AFFECTING CENTRAL NERVOUS SYSTEM** For HIS, <u>include</u> arteriosclerosis and/or hypertension, cerebral <u>or of brain</u>, any date of onset. <u>Exclude</u> arteriosclerosis with paralysis agitans (<u>Parkinson's</u> disease), 350. For residual paralysis, 3 mos+, <u>see</u> 352, below. For psychosis due to arteriosclerosis, <u>see</u> 306.
	344		**LATE EFFECTS OF INTRACRANIAL ABSCESS OR PYOGENIC INFECTION** For hydrocephaly, see X93. Code other residuals, 3 mos+, by type, site, and etiology.

Con- tent	Not used	New code	Category Title
	351		(330-357)--Continued **CEREBRAL SPASTIC INFANTILE PARALYSIS** For HIS, code all forms of cerebral palsy (with paralysis), and synonyms, to X50, with the specified etiology. If not specified, use etiology code "0" unknown. Residuals of birth injury of any kind are coded only according to the effect specified, if the person is 3 months of age or over; if no effect is specified, code X99.X. See also Medical Coding Manual, Section VI, H.
	352		**OTHER CEREBRAL PARALYSIS** For HIS, all forms of residual paralysis, 3 mos+, are coded to the X-Code. If the cause of paralysis, 3 mos+, is "stroke," "brain clot," brain hemorrhage, 3 mos+, use the X-Code number, and code 330-334 also. When the cause of paralysis is any continuing present chronic disease, such as arteriosclerosis, hypertension, multiple sclerosis, code the chronic disease also. Paralysis, -3 mos, of specified cause, code cause only. Paralysis or any effect of injury or poisoning, 3 mos+, is coded to the effect with 9 in the 4th digit. See also Medical Coding Manual, Section VI, H.
353			**EPILEPSY (353.0-353.3)** For HIS, code any injury, -3 mos, related to epilepsy, (and synonyms) to one of the codes 800-999, by type of injury reported. If the epilepsy is of recent onset (-3 mos) and is due to injury, -3 mos, do not code the epilepsy. If the epilepsy is due to an old injury (3 mos+), code 353.9 only. If any psychiatric disorder in 300-327 is reported with epilepsy, code the epilepsy and also the disorder; code psychosis due to epilepsy to 308.1.
353.3			**OTHER AND UNSPECIFIED EPILEPSY** For HIS, include: Jacksonian epilepsy; repeated or chronic, 3 mos+, convulsions, fits, seizures; excludes: "black out" spells (782.5); and narcolepsy (355).
354			**MIGRAINE (HEADACHE) (DUE TO NERVES OR ALLERGY)** Vision and hearing disturbances due to migraine: code 354 only. Migraine and menopause: code each. Migraine and sinus: code each.
355			**OTHER DISEASES OF BRAIN** Include the terms "brain disease," cause and type unknown, "encephalopathy," and "narcolepsy." Code here ill-defined diseases involving both brain and spinal cord.
357			**OTHER DISEASES OF SPINAL CORD** Exclude residual paralysis, paraplegia, 3 mos+; code to X-Code by site and cause, if known.

Con- tent	Not used	New code	Category Title
			DISEASES OF NERVES AND PERIPHERAL GANGLIA (360-369) For NHS, all types of neuralgia and neuritis, and any other condition, 3 mos+, due to injury or poisoning, are coded to the resulting condition with 9 in 4th digit. "Pressure pains" of or arising in pregnancy are coded to 648.4, unless indicated to be serious (642.5). Code neuralgia, neuritis, sciatica, radiculitis, due to "disc" conditions (735), use of alcohol (322) or any active disease, to the specified cause, only. Facial palsy or paralysis (Bell's), and brachial paralysis or palsy (arm) (Erb's) (Klumpke's), in infants under 3 months of age are coded to 761, assuming a recent birth injury. Any type of residual palsy or paralysis, of face, arm, leg, foot, is coded to the X-Code with the appropriate etiology code added, if the person is over 3 months of age, and the condition has been present for 3 months or more. Code the cause also if it is a continuing active present disease.
360			**FACIAL PARALYSIS** Code "pain in face" NOS, or facial pain, neuritis, or neuralgia, NEC to 361. Includes facial paralysis, -3 mos, unless the person is an infant under 3 months of age (761). See also notes above.
361			**TRIGEMINAL NEURALGIA** Includes: pain in face, NOS, or facial pain, neuralgia, neuritis, NEC; and "tic douloureux," but excludes tic NOS, and twitching, of face or eye (780.4).
362			**BRACHIAL NEURITIS** Includes neuritis, neuralgia, radiculitis, of any or multiple sites involving shoulder(s) and/or any part(s) of one or both upper extremities.
363			**SCIATICA** Includes sciatica, or neuritis, neuralgia, radiculitis, of any or multiple sites involving hip(s) and/or any part(s) of one or both lower extremities. Includes sciatica in back, but excludes neuritis, neuralgia, radiculitis of back (366). Includes neuralgia or neuritis--described as "sciatic"- of back, hip, or lower extremities.

Con- tent	Not used	New code	Category Title

364			(360-369)--Continued
			POLYNEURITIS AND POLYRADICULITIS
			  For HIS, include neuralgia, neuritis, radiculitis, of
			  multiple sites, unless the multiple sites are of the
			  upper extremities, only (362), or of the lower extremi-
			  ties, only (363); if facial or trigeminal neuritis or
			  neuralgia is reported, always code it separately (361).

367			OTHER DISEASES OF CRANIAL NERVES
			  For HIS, include disturbance or loss of sense of taste
			  or smell, NEC, -3 mos; exclude these if 3 mos+ (X12).

368			OTHER DISEASES OF PERIPHERAL NERVES EXCEPT AUTONOMIC
			  Include "pinched nerve" (spinal). If "pinched nerve"
			  is reported with "disc" conditions, code 735 only;
			  see 735.
			  Exclude paralysis -3 mos, of one arm, one leg,
			  (monoplegia) of unknown cause (787.0), in persons over
			  3 months of age. See also notes above 360.
			
			OTHER DISEASES AND CONDITIONS OF EYE (380-389)
			  For HIS, for special rules for coding eye diseases and
			   blindness and other defects of vision, see Medical
			  Coding Manual, Section VI, B.
			  See also Appendix I, categories X00-X03, X05, and
			  special etiology codes for visual impairments.
			  All congenital diseases of eye indexed by ICD to 753.0,
			  753.1, should be coded to the acquired diseases of the
			  part specified in 380-388.

380			REFRACTIVE ERRORS
			  Include: "near-sighted"; "far-sighted", other specific
			  types indexed by ICD to 380. Exclude eyesight, seeing,
			  or vision described as "poor," "bad," "defective,"
			  "blurred," - which are to be coded as for impairments
			  of vision. See Manual, Section VI, B.

384			Title changed, as follows:
			STRABISMUS AND OTHER DISORDERS OF OCULAR MOVEMENT
			  Include: "cross-eye," "lazy eye," "double vision";
			  paralysis, weakness, or other disorders of muscles of
			  eyeball; any condition in 781.1.
			  Exclude: ptosis (prolapse) of eyelid (388).

Con-tent	Not used	New code	Category Title
385			(380-389)--Continued CATARACT For HIS, includes cataract of any origin. If due to any specified active chronic disease (such as diabetes) code the disease also.
386			Title changed to: AFFECTIONS OF RETINA, NEC Include: all disorders of retina not classifiable to 375-377; retinitis pigmentosa (congenital); detached retina; disorders of retina indexed by ICD to 388 or 753.1; retrolental fibroplasia, ages one year or over. Exclude retrolental fibroplasia in infants under 1 year of age (777).
387			GLAUCOMA Includes glaucoma, all forms. If due to specified active chronic disease, code the disease also.
388			OTHER DISEASES OF EYE Include: ptosis (prolapse of eyelid); "light hurts eyes" (photophobia); "eyestrain," NEC; eye trouble, NEC. Exclude: retrolental fibroplasia and all disorders of macula and retina in 386, above; "near-sighted," "far-sighted" (380); and "double vision" (384).
		389	BLINDNESS See Medical Coding Manual, Section VI, B.

Con-tent	Not used	New code	Category Title

			DISEASES OF EAR AND MASTOID PROCESS (390-398)
			    For HIS, colds and acute upper respiratory infections in 470-475 resulting in acute ear infections in 391-393 are coded to 391-393 only, according to rules on p. 127. Ear infections in 391-393 accompanying or due to infectious diseases in 001-138 are coded to 001-138 only.
			    For HIS method of coding deafness and other hearing impairments and their causes, <u>see</u> Medical Coding Manual, Section VI, C.

390			OTITIS EXTERNA <u>Includes</u> boil in ear and infections of outer ear. <u>Excludes</u> fungus infections of ear, assumed to be of the outer ear or skin of ear, and coded to 131. However, the terms abscess and infection of ear NOS will be coded as for Otitis Media, (inflammation of the middle ear), unless the outer ear or inner ear is indicated.

396		396.0	OTHER DISEASES OF EAR AND MASTOID PROCESS
			    SCARRED OR PERFORATED EAR DRUM
			        If this condition, 3 mos+, is the cause of any degree of hearing impairment, code to the correct code in the X-Code, but do not code 396.0 separately.

		396.1	OTHER DISEASES OF EAR AND MASTOID PROCESS <u>Include</u>: acquired diseases of the ear not classifiable elsewhere; congenital <u>diseases</u> of ear indexed by ICD to 753.1; "ringing in ears." <u>Exclude</u>: absence of ear; code to X90.
	397		DEAFMUTISM. Code to X06.
	398		OTHER DEAFNESS. Code to X06-X09.

Con- tent	Not used	New code	Category Title
			RHEUMATIC FEVER AND CHRONIC RHEUMATIC HEART DISEASE **(400-416)** **Note:** For HIS, rheumatic fever and rheumatic heart disease, of any onset, are characterized as chronic—with the code of "1" in Col (aa). Effective July 1, 1964, special HIS rules for coding conditions in 400-403, 410-416 are revised as follows:
.400			RHEUMATIC FEVER WITHOUT MENTION OF HEART INVOLVEMENT For HIS, includes rheumatic fever (and synonyms) NOS, without heart involvement, with at least one bed-day in past year, as shown in Table I or Table II.
401			RHEUMATIC FEVER WITH HEART INVOLVEMENT For HIS, includes reports of rheumatic fever, with rheumatic heart disease provided the rheumatic heart disease had its onset in past 3 months.
		403	RHEUMATIC FEVER, INACTIVE (OLD) (HISTORY) Includes rheumatic fever (and synonyms), with no mention of rheumatic heart disease, with no bed-days in past year.
			CHRONIC RHEUMATIC HEART DISEASE (410-416) For HIS, categories 410-416 are to be used when the listed conditions are 3 mos+, with or without mention of rheumatic fever. Conditions in 410-416 , or 400-403, do not combine with hypertension and/or arteriosclerosis; code the latter separately. When more than one valve in 410-416 is mentioned, code only one, preferring mitral over any other.

Con-tent	Not used	New code	Category Title
420.0			DISEASES OF HEART in 420-434, 435 ARTERIOSCLEROTIC HEART DISEASE, SO DESCRIBED For HIS, <u>includes</u> heart disease in the exact wording of this title, or if "arteriosclerotic heart", with any condition in 420.1, 420.2, 422, 433, 434, 440-447, 450. <u>Excludes</u> heart disease as in 434 with or due to arteriosclerosis (450.0), to be combined into 422.1
420.2			ANGINA PECTORIS WITHOUT MENTION OF CORONARY DISEASE <u>Includes</u> the listed conditions in ICD with any condition in 422, 433, 434, 440-447, or 450. If conditions in <u>420.1</u> are also present, code all to 420.1; if the wording in 420.0 is used, code all to 420.0.
421			CHRONIC ENDOCARDITIS NOT SPECIFIED AS RHEUMATIC For HIS, <u>includes</u> endocarditis, or valvular heart disease, or any condition in 421.0-421.4, <u>at any date of onset</u>, with hypertension and/or arteriosclerosis. If any condition in 421.0-421.4 is reported with active rheumatic fever, or with rheumatic heart disease, or is described as rheumatic, code the rheumatic fever or rheumatic heart disease, and code hypertension and/or arteriosclerosis, if also present, separately.
			OTHER MYOCARDIAL DEGENERATION (422.0-422.2 For HIS, any condition codable to 422 combines with hypertension, to be coded to the hypertensive heart group, in 440-443, by the type of hypertension specified. If conditions in 420.0-420.2 are <u>also</u> present, code all to 420.0-420.2, only. <u>See also</u> notes under 422.1 and 433.
422.1			MYOCARDIAL DEGENERATION WITH ARTERIOSCLEROSIS For HIS, <u>includes</u> also any heart condition in 434.0-434.4 if arteriosclerosis is also reported.
			OTHER DISEASES OF HEART (430-434, 435) For HIS, the rarely reported conditions in 430-432 must be further described as "bacterial," "septic," "toxic," or a related term, in order to use the codes 430-432; the modifier "acute," alone, does not change the diagnosis code number for endocarditis, myocarditis, pericarditis, or any other heart condition. Whether acute or chronic, all heart diseases and symptoms of any kind, of any date of onset, are coded as chronic in Col (aa) of the questionnaire.

Con-tent	Not used	New code	Category Title
433			**(420-435)—Continued** **FUNCTIONAL DISEASES OF HEART** For NHS, include functional and certain symptomatic disorders of heart, of unspecified cause. If any of these are due to a specified disease of heart, elsewhere classifiable, code that disease only; if due to "nerves" (and synonyms) code to 315.0-315.2, only. Conditions codable to 433, 435, or 782.0 (pain in heart) will not combine with any conditions except when conditions in 420 are also present, in which case code to 420.0-420.2, only.
433.1			**OTHER DISORDERS OF HEART RHYTHM** Include palpitation of heart, "fast heart," "slow heart," and other terms indicating irregular heart action, rhythm or beat. Exclude these if due to "nerves" (315.0); and heart murmur, unspecified cause (435).
433.2			**OTHER FUNCTIONAL DISEASES OF HEART** Exclude disordered action of heart; code to 433.1; heart murmur, cause unspecified (435); and pain in heart (782.0).
			OTHER AND UNSPECIFIED DISEASES OF HEART (434, 435) For NHS, any condition in 434, with hypertension also, is coded to the hypertensive heart group (440-443) whether or not arteriosclerosis is also reported. Heart disease in 434 with arteriosclerosis, but not hypertension, is coded to 422.1. If hypertension is also present, code to 440-443. If angina or coronary conditions are mentioned, code to 420, whether or not hypertension or arteriosclerosis is mentioned.
434.0			**KYPHOSCOLIOTIC HEART DISEASE** For NHS, includes also any condition in 434 with mention of curvature of the spine (and synonyms) (X80), provided the curvature is stated to be related to, or causing, the heart condition. Code X80 also.
434.4			**UNSPECIFIED DISEASE OF HEART** For NHS, includes also ill-defined terms such as heart disease or trouble, "weak heart," "bad heart," "heart failure NOS," and others, in 782.4. Excludes "pain in heart", 782.0.
		435	**HEART MURMUR (FUNCTIONAL), CAUSE UNSPECIFIED** Code by the rules under 433. See 433.

Con-tent	Not used	New code	Category Title
			HYPERTENSION (HIGH BLOOD PRESSURE) WITH HEART AND CERTAIN OTHER CONDITIONS, ICD 440-447 For NHS, includes hypertension alone, or in combination with: arteriosclerosis in 450; heart conditions of the kinds in 422 or 434; and nephritis and kidney trouble as outlined in 442 and 446, below. For hypertension with cerebral vascular lesions, see notes for 330-334, this Appendix. For hypertension with nephritis, see also notes for 590-594, and 603. Hypertension and arteriosclerosis are not to be combined with rheumatic heart conditions; code all rheumatic heart conditions separately. Hypertension and arteriosclerosis may combine with endocarditis in 421, but is coded to 421, only. When conditions in 420.0-420.2 (coronary, angina, etc.) are mentioned, code as instructed in notes for 420, this Appendix. Hypertension and arteriosclerosis are not to be combined with conditions in 433, 435, or 782.0; see also note for 433, this Appendix.
442			**HYPERTENSIVE HEART DISEASE WITH ARTERIOLAR NEPHROSCLEROSIS** For NHS, includes also: nephritis (or synonyms), 3 mos+, with arteriosclerosis and heart conditions in 422 or 434, with or without hypertension; and conditions in 603.0, or 603.3 provided arteriosclerosis, hypertension, and heart disease in 422 or 434 are also present. If hypertension is malignant (rarely reported) code all to 441.
443			**OTHER AND UNSPECIFIED HYPERTENSIVE HEART DISEASE** For NHS, includes high blood pressure (hypertension) with or without arteriosclerosis in 450, but with heart diseases of the kinds in 422 or 434. If hypertension is described as malignant or benign, see 441 or 440 in Vol. 1.
444			**ESSENTIAL BENIGN HYPERTENSION** For NHS, includes also high blood pressure (hypertension) NOS, or with arteriosclerosis in 450. If hypertension is malignant, see 445, in Vol. 1.
446			**HYPERTENSION WITH ARTERIOLAR NEPHROSCLEROSIS** For NHS, includes same provisions as in 442, but without heart conditions.

Con- tent	Not used	New code	Category Title
			DISEASES OF ARTERIES (450-456); DISEASES OF VEINS AND OTHER DISEASES OF CIRCULATORY SYSTEM (460-468)
450			**GENERAL ARTERIOSCLEROSIS (450.0-450.1)** Includes arteriosclerosis (and synonyms) with or without gangrene due to it, as per ICD. Excludes gangrene, unspecified cause (455). For NHS, when arteriosclerosis (hardening of the arteries) is the cause of psychosis, other mental disorders, paralysis, or other conditions in the X-Code, code the resulting condition, and the arteriosclerosis also. Arteriosclerosis combines with, and is coded ·to, the following: Vascular lesions, central nervous system..... 330-334 Paralysis agitans............................. 350 Angina, coronary, and others in.............. 420.0-420.2 Chronic endocarditis in....................... 421 Heart disease in 422 or 434................... 422.1 Hypertensive conditions in................... 440-447 (See also notes under 442 and 446) Conditions in 451............................. 451 "Poor circulation," NOS....................... 450.0 Arteriosclerosis is not to be combined with heart conditions codable to 400-416, 430-433, 435, or 782.0
454			**ARTERIAL EMBOLISM AND THROMBOSIS** For NHS, include also "clot (blood)" of any artery of any site except brain (332), heart (420.1), lung (465) and intestine or mesentery (570.2). Exclude "clot" of vein, or specified sites when vein or artery is not mentioned; see 466.
466			**OTHER VENOUS EMBOLISM AND THROMBOSIS** For NHS, include also "clot" NOS (blood) (vein) of leg, arm, or other parts of extremities. Exclude "clot" of brain (332); heart (420.1); lung (465); intestine or mesentery (570.2); and "clot" in arteries of specified sites. Code clot of specified sites as indexed under "Thrombosis" in Vol. II.
467.2			**OTHER AND UNSPECIFIED CIRCULATORY DISEASES** Includes "broken veins NOS" or specified site; exclude "hemorrhage," site unknown (467.3); and "poor circulation," NOS (467.4).

Con-tent	Not used	New code	Category Title

		467.3	(460-468)--Continued
			HEMORRHAGE, NOS; HEMATOMA, NOS
			Include the following, site and cause unknown:
			    hemorrhage "blood blister"
			    hematoma "blood tumor"
			If the site is known, but cause is not, code as for Hemorrhage, by site.
			If due to any specified cause, code cause only.
			If due to injury of unspecified type, code as for contusion.

		467.4	"POOR CIRCULATION" NOS
			Combines with arteriosclerosis, but no other condition
			
			DISEASES OF THE RESPIRATORY SYSTEM (470-527.2)
			For HIS, exclude certain symptoms referable to the respiratory system (783.0-783.7); "Virus" NOS (097); asthma NOS, and all respiratory diseases and symptoms due to allergy (240-245). See also 097, and 240-245.
			
			ACUTE UPPER RESPIRATORY INFECTIONS (470-475)
			For HIS, beginning July 1, 1958, and revised July 1, 1961 multiple conditions in 470-474, -3 mos, will be coded to 475 only, and any conditions in 470-475, -3 mos, will combine with the conditions -3 mos, listed below, provided: all are in the same line of the questionnaire; or a "due to" or causal relationship is stated for all; or all have same or overlapping days of disability; or if there are no disability days, all started "last week," or all, "week before," or all "before 2 weeks." Combine acute conditions in 470-475 occurring in the same episode of illness (as defined above) with the following, using the code listed:
			  acute otitis media 391.0
			  acute mastoiditis 393.0
			  earache 394
			  influenza 480-483, by type
			  pneumonia NOS 493 .. see also 490-493
			  acute bronchitis 500
			  brain abscess 342
			  acute nephritis 590
			  strep throat 051
			  whooping cough 056.0, 056.1
			  measles 085.0, 085.1
			  rubella 086
			  chickenpox 087

Con- tent	Not used	New code	Category Title
470			(470-527.2)--Continued ACUTE NASOPHARYNGITIS (COMMON COLD) 　　For HIS, <u>includes</u> cold, -3 mos, NOS, or <u>with</u> diarrhea, 　　or upset stomach, or other symptoms of the cold, -3 　　mos; if 3 mos+, code 512.1; <u>includes</u> the term "cold", 　　-3 mos, on or in eye, back, stomach, kidney, or other 　　"odd" site, but if such condition is 3 mos+, code as 　　for "Trouble" of the site.
471			ACUTE SINUSITIS 　　For HIS, <u>includes also</u> "sinus" conditions, -3 mos, NEC.
472.0			SORE THROAT, UNQUALIFIED 　　For HIS, <u>includes</u> sore, inflamed, infected throat, 　　unknown cause, -3 mos; if 3 mos+, code 512.0-
473			ACUTE TONSILLITIS 　　For HIS, <u>includes</u> adenoids or tonsils "bad," diseased, 　　enlarged, infected, -3 mos; if 3 mos+, code 510.0. 　　<u>See</u> 510.0.
475			ACUTE UPPER RESPIRATORY INFECTION OF MULTIPLE OR UNSPECIFIED SITES 　　For HIS, <u>see</u> notes above 470. PNEUMONIA (490-493) 　　For HIS, beginning July 1, 1958, the categories 490 and 　　491 will not be used. Code pneumonia, indexed by ICD 　　to 490 or 491, to 493. 　　Conditions in 470-475, occurring in the <u>same episode of</u> 　　<u>illness</u> with conditions in 492 or 493 <u>may be coded to</u> 　　<u>492 or 493</u> only. <u>See</u> notes above 470.
	490		LOBAR PNEUMONIA. Code to 493.
	491		BRONCHOPNEUMONIA. Code to 493.
493			PNEUMONIA, OTHER AND UNSPECIFIED 　　<u>Includes</u>: conditions indexed by ICD to 490, 491, and 493; 　　and pneumonia, with onset 3 mos+, unless it is indicated 　　to be of the specific types of lung conditions in 522- 　　525. 　　<u>See also</u> 525. 　　<u>Excludes</u> "virus pneumonia" (492); <u>includes</u> pneumonia 　　<u>NEC with</u> pleurisy. BRONCHITIS (500-502) 　　For HIS, asthma NOS or bronchial, is coded to 241. 　　if bronchitis is <u>also</u> reported but is not stated to 　　be allergic, code it separately, to 500 or 502, by 　　date of onset. <u>See also</u> notes under 241.

Con-tent	Not used	New code	Category Title

500			(470-527.2)--Continued
			ACUTE BRONCHITIS
			   Includes the listed conditions, and "bronchial trouble,"
			   onset -3 mos, (with cold -3 mos). See also notes
			   above 470.

502			CHRONIC BRONCHITIS (502.0, 502.1)
			   For HIS, bronchitis, and the listed conditions must be
			   3 mos+, to be coded to 502.0, 502.1. If bronchitis is
			   -3 mos, code 500, and code emphysema to 527.1.

510.0			HYPERTROPHY OF TONSILS AND ADENOIDS
			   For HIS, includes conditions in 473, if 3 mos+, and
			   these conditions, and any in 510.0, of any onset if
			   surgery for them is also reported in table II. If
			   these are in table II, whether or not in table I,
			   code to 510.0

	510.1		HYPERTROPHY OF TONSILS AND ADENOIDS WITH TONSILLECTOMY OR ADENOIDECTOMY. See notes for 510.0

517			OTHER DISEASES OF UPPER RESPIRATORY TRACT
			   Exclude "throat infection" NEC; if acute, code 472.0;
			   chronic, code 512.0
			   Exclude ulcer or ulceration of nose or septum; code
			   512.1 any date of onset, as for "Rhinitis, ulcerative."
			   Include congestion nose NEC, acute or chronic.

519			PLEURISY
			   Excludes pleurisy NEC with pneumonia NEC (493).
			   See also 490-493.

525			OTHER CHRONIC INTERSTITIAL PNEUMONIA
			   For HIS, excludes pneumonia or other conditions codable
			   to 492, 493, unless they are described as "interstitial"
			   or in some manner classifiable to 522-525 or elsewhere.
			   See also 490-493.

526			BRONCHIECTASIS
			   For HIS, includes only bronchitis, 3 mos+, with
			   bronchiectasis; code bronchitis -3 mos (500), separately.
			   Excludes bronchiectasis due to allergy or due to
			   asthma (241); code 241 only.

527.2			OTHER DISEASES OF LUNG AND PLEURAL CAVITY
			   For HIS, include edema (fluid) or dropsy, of lung,
			   -3 mos; if 3 mos+, code to 522; if heart disease or
			   failure is mentioned, code to heart conditions only.
			   Include: congestion, chest, NEC, acute or chronic.
			            infection, chest, NEC, acute or chronic.

Con-tent	Not used	New code	Category Title
			DISEASES OF THE DIGESTIVE SYSTEM (530-587) See also symptom categories 784, 785.
532.0			GINGIVITIS, EXCEPT ULCERATIVE For HIS, includes "infection, gum."
532.3			OTHER INFLAMMATORY DISEASES OF SUPPORTING STRUCTURES OF TEETH Exclude "infection, gum" (532.0) and "ulcer, gum" (536).
	533.0 533.5 533.7		MALOCCLUSION - Code to X92. CONGENITAL ANOMALIES OF TEETH - CODE to X92X. OTHER DISORDERS OF OCCLUSION, ERUPTION, TOOTH DEVELOPMENT For HIS, code loss, deficient number, of teeth, and other structural defects of teeth, 3 mos+, to X92; if -3 mos, cause NEC, code to 535. Code "cutting, wisdom teeth" NEC to 533.1. Note: Code tooth conditions as for teeth conditions.
535			**OTHER DISEASES OF TEETH AND SUPPORTING STRUCTURES** Include: "broken tooth," and loss or extraction of tooth, cause unknown, -3 mos. Exclude "broken tooth," or loss of tooth, -3 mos, due to injury NEC (873); and loss of teeth, 3 mos+, (X92). Note: Code tooth conditions as for teeth conditions.
539.0			FUNCTIONAL DISORDERS OF ESOPHAGUS For HIS, includes "difficulty in swallowing" (dysphagia).
544:1			DISORDERS OF GASTRIC MOTILITY Include pylorospasm, and spasm of stomach.
544.2			OTHER DISORDERS OF FUNCTION OF STOMACH Include conditions in 784.0, 784.1, 784.3, 784.8, and flatulence (gas) on stomach. Exclude pain in stomach (785.5); "overeating" and other references to eating habits or nourishment in 286.5 of this Appendix. See 286.5. Exclude also "morning sickness," vomiting, in pregnancy (648.4) unless indicated to be serious, persistent, pernicious - in which case code to 642.4.
545		545.0 545.1	OTHER DISEASES OF STOMACH AND DUODENUM Stomach trouble or disease, NOS Diseases in 545 except 545.0 Exclude spasm of stomach (544.1)

Con- tent	Not used	New code	Category Title

			(530-587)--Continued
			HERNIA OF ABDOMINAL CAVITY (560,561)
			  For HIS, beginning July 1, 1958, the 4th digit sub-
			  divisions under 560,561 will not be used. Code 560X,
			  561X.
			  <u>Excludes</u> hernia, -3 mos due to "one time" injury NEC,
			  heavy lifting, or strain (848). <u>See</u> 848. Hernia,
			  3 mos+, due to "one-time" injury, code 560.9, 561.9.

	560.0 561.0 560.1 561.1 560.2 561.2 560.3 561.3 560.4 561.4 560.5 561.5		Inguinal Inguinal with obstruction Femoral Femoral with obstruction Umbilical Umbilical with obstruction Ventral Ventral with obstruction Other specified site Other specified site with obstruction Unspecified site Unspecified site with obstruction
571			Title changed to: GASTRO-ENTERITIS AND COLITIS, EXCEPT ULCERATIVE, AGES 4 WEEKS AND OVER, INCLUDING DIARRHEA

571.1			AGES 2 YEARS AND OVER
			  For HIS, <u>includes</u> diarrhea, onset within 3 months;
			  <u>excludes</u> it if in children, ages 4 weeks--2 years
			  <u>(571.0)</u>; <u>excludes</u> chronic diarrhea, onset 3 mos+,
			  in all persons over 3 months of age (572.3).

573.3			OTHER FUNCTIONAL DISORDERS OF INTESTINES For HIS, <u>include</u> flatulence (gas) NOS, (intestines).
577			PERITONEAL ADHESION For HIS, <u>includes</u> adhesions NOS, or abdominal.
578			OTHER DISEASES OF INTESTINES AND PERITONEUM
		578.0	Intestinal or bowel trouble or disease NOS.
		578.1	Bleeding (hemorrhage) colon, rectum, intestine (any part).
		578.2	Diseases in 578 except 578.0, 578.1. <u>Exclude</u> pain in intestines or rectum (785.5)

Con-tent	Not used	New code	Category Title
580			(530-587)--Continued ACUTE AND SUBACUTE YELLOW ATROPHY OF LIVER For NHS, <u>excludes</u> hepatitis NOS, (acute) (chronic) (virus) (092)
581			CIRRHOSIS OF LIVER For NHS, <u>excludes</u> hepatitis, chronic, NOS (092).
583			OTHER DISEASES OF LIVER For NHS, code any chronic liver condition with or due to use of alcohol to 581.1.
		583.0	Liver trouble or disease NOS. <u>Excludes</u> "enlarged liver" (785.1)
		583.1	Diseases in 583 except 583.0. <u>Excludes</u> hepatitis NOS (092).
586			OTHER DISEASES OF GALLBLADDER AND BILIARY DUCTS
		586.0	Gallbladder disease or trouble, NOS
		586.1	Diseases in 586 except 586.0.
			DISEASES OF THE GENITO-URINARY SYSTEM (590-637) <u>Exclude</u>: certain symptoms referable to the genito- urinary system (786.0-786.7); albuminuria, any onset, and other abnormal urine of unspecified cause (789.0-789.8) and uremia (792).
			NEPHRITIS AND NEPHROSIS (590-594) <u>Note</u>: Code renal, or kidney, disease, trouble, dropsy to 603.3. If nephritis (or synonyms) is also present, code to nephritis only.
590			ACUTE NEPHRITIS For NHS, <u>includes</u> nephritis (and synonyms) -3 mos, (with edema -3 mos)(with hypertension -3 mos). Code 2 (acute) in Col (aa). If hypertension 3 mos+ is present code it separately as reported.
592			CHRONIC NEPHRITIS For NHS <u>includes</u> nephritis (or synonyms), 3 mos+, (with edema) (with hypertension). If arteriosclerosis is also present, code to 446; if heart disease in 422 or 434 is also present code all to 442. See also categories 440-447.
594			OTHER RENAL SCLEROSIS Follow ICD instructions.

Con-tent	Not used	New code	Category Title
			(590-637)--Continued
603			OTHER DISEASES OF KIDNEY AND URETER
		603.0	Other specific diseases of kidney in 603
		603.1	Diseases of ureter NEC
		603.3	Kidney or renal trouble or disease NOS, or ill-defined
			<u>Includes</u> kidney or renal failure; kidney or renal dropsy without mention of nephritis (or synonyms); "kidney doesn't function properly"; congested kidney.
			<u>Excludes</u> symptoms in 786.0-786.5, 789, 792.
			<u>Note:</u> Conditions in 603.3 are not to be used in combination with any single condition, but if 3 mos+. and <u>both</u> arteriosclerosis and hypertension are also mentioned, the 3 conditions may be combined and coded to 446; if heart diseases in 422 or 434 are present in addition, code all to 442.
617			OTHER DISEASES OF MALE GENITAL ORGANS
			For NHS, hernia involving testicles is coded to 560 unless syphilis (as in 027 or elsewhere) is also reported.
621.0			ACUTE MASTITITIS NOT ASSOCIATED WITH LACTATION
			For NHS, code disorders of breast ("caked" breast) (sore breast) occurring <u>during</u> the nursing period to 689, whether -3 mos or 3 mos+.
635			MENOPAUSAL SYMPTOMS
			For NHS, <u>includes</u> "nervous or mental trouble" or any psychiatric reaction, except psychosis, due to menopause; code 635 only. Excludes menopause causing psychosis (302); code 302 only.
		637.2	FEMALE TROUBLE NOS; VAGINAL BLEEDING NOS

Con-tent	Not Used	New Code	Category Title
			DELIVERIES AND COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM (640-689)
			See also Medical Coding Manual, Section VIII.
			For NHS, in Tables I or II, if a current pregnancy has terminated in either abortion or delivery, code only the abortion or the delivery, using only one number in 650-652, or in 660-678. If a current pregnancy has not yet terminated, use one code in 640-649, only, if reported. If the woman is still in the hospital for delivery, and complications arise after delivery, code the delivery only. If the woman is at home after delivery, the puerperal complication may be coded also in Table I, and if she is re-admitted to the hospital for this complication, code it in Table II. Any hospitalizations in the past two weeks should have entries in Table I also.
			If the woman has currently delivered outside of the hospital, but goes at once to the hospital, code such an admission as if for delivery.
			For conditions "due to pregnancy" (or related states) without clear information about whether the person is referring to a current or a previous pregnancy, code the condition as for the nonpregnant state.
642.4			HYPEREMESIS GRAVIDARUM For NHS, excludes nausea and vomiting, "morning sickness," during pregnancy (648.4) unless said to be serious or disabling.
		648.4	MINOR COMPLAINTS DURING PREGNANCY Include pressure pains, headaches, backaches, frequent urination, nausea, vomiting, "morning sickness," during pregnancy, unless said to be serious or disabling (642.4), (642.5).
	4th digits, above 660		The ICD 4th digits applicable to 660-678 will not be used. Hospitalized deliveries, Table II, will be given one of the codes 93 or 95 in the 2-digit Type of Operation Code, to be entered in Col. (i) of Table II.
		661	DELIVERY BY CESAREAN SECTION OR BIRTH WITHOUT MENTION OF COMPLICATION FOR WHICH IT WAS DONE
		688.4	MINOR COMPLAINTS DURING PUERPERIUM
689			MASTITIS AND OTHER DISORDERS OF LACTATION For NHS, include these conditions occurring during any part of the nursing period.

Con-tent	Not used	New code	Category Title
			DISEASES OF THE SKIN AND CELLULAR TISSUE (690-716) Exclude any skin condition due to allergy (245), except poison ivy, etc., in 702.0, 703.0. See also 242-245. Exclude also rash NOS (788.2) and "knots," "lumps," "bumps" (797).
690.0			**BOIL AND CARBUNCLE OF FACE** For HIS, excludes boil (and synonyms) of ear (390).
694			**ACUTE LYMPHADENITIS** For HIS, includes infection, inflammation, abscess, of glands NOS, (lymph), -3 mos; excludes these conditions if 3 mos+ (468.0) or if date of onset is unknown (468.2); and swelling or enlargement of glands NOS, (lymph) (cervical) (782.7).
701			**ECZEMA** For HIS, excludes eczema due to allergy (245).
702			**OCCUPATIONAL DERMATITIS** For HIS, code poison ivy, and skin symptoms and diseases due to poison ivy and other plants, of occupational origin, to 702.0, whether specified as allergic or not. Skin conditions, occupational, due to irritants in 702.1-702.6 not specified as allergic, or due to allergy, are coded to 702.1-702.6, but if they are due to allergy, code to 245, only.
703			**OTHER DERMATITIS** For HIS, code skin symptoms and diseases, not specified as occupational, due to the irritants in 703.0-703.6 in the same manner in relation to allergy as outlined under 702.
715			**CHRONIC ULCER OF SKIN** For HIS, includes "ulcer" NOS, as in ICD, but if the questionnaire indicates that stomach or duodenal ulcer is meant, code to 540, 541. Includes also "open leg", and "open" or "running" sores, 3 mos+; if these are -3 mos, code as for Infection.
716			**OTHER DISEASES OF SKIN** Include "spots" or discolored "patches" on skin. Exclude: keloid scar, any site (710.4); scar (disfiguring) of face, nose, lips, ears (X90); scar ("painful", "tender", "contracting") of limbs, neck, back, external sites of trunk, or scar NOS, of these sites (X80-X89, by site).

Con- tent	Not used	New code	Category Title
			ARTHRITIS AND RHEUMATISM (720-727) ARTHRITIS For NHS, beginning July 1, 1958, all forms of arthritis indexed by ICD to 720-724 will be coded to 725. Code any form of arthritis, due to injury, to 725.9, provided the injury occurred more than 3 months ago; if the injury occurred in the past 3 months, code only to the original nature of injury, in 800-999, by type.
	720 721 722 723 724		ACUTE ARTHRITIS DUE TO PYOGENIC ORGANISMS ACUTE NONPYOGENIC ARTHRITIS RHEUMATOID ARTHRITIS AND ALLIED CONDITIONS OSTEO-ARTHRITIS (ARTHROSIS) AND ALLIED CONDITIONS OTHER SPECIFIED FORMS OF ARTHRITIS
725			Title changed to: ARTHRITIS, ALL FORMS IN 720-725 Includes all forms of arthritis indexed by ICD to 720-725.
			RHEUMATISM (MUSCULAR) AND OTHER CONDITIONS IN ICD 726,727 For NHS, code conditions in 726, 727 due to injury, with 9 in the 4th digit provided the injury occurred more than 3 months ago; if the injury occurred in the past 3 months, code only the original nature of injury, in 800-999. For modifications in 726, 727, see notes below.
726.0			LUMBAGO For NHS, includes only the term "lumbago", so stated. Code Col. (aa) according to date of onset; if - 3 mos, code acute; if 3 mos+, code chronic.
	726.2		TORTICOLLIS NOT SPECIFIED AS CONGENITAL, PSYCHOGENIC, OR TRAUMATIC Code torticollis (contracture, neck), 3 mos+, to X86; code "stiff neck", -3 mos, to 787.6; if 3 mos+, to X71.
726.3			Title changed to: OTHER MUSCULAR RHEUMATISM Includes the terms listed by ICD, except myalgia. The terms muscular rheumatism and rheumatism NOS are to be coded chronic in Col (aa), at any date of onset, but the terms fibrositis, myositis, myofibrosis, are to be coded in Col (aa) according to date of onset. Excludes myalgia (pain in muscle) -- to be coded, by site, to 787, if - 3 mos; if 3 mos+, and of unknown cause or due to old injury, code to X70-X79, by site.

Con- tent	Not used	New code	Category Title
			STRUCTURAL OR MECHANICAL DEFECTS OF MUSCULOSKELETAL SYSTEM
	734		INTERNAL DERANGEMENT OF KNEE JOINT For NHS, code injuries, -3 mos, of knee to the correct code in 800-999. Code chronic residuals, and conditions in ICD 734, 3 mos+, to X76, unless a more specific de- fect is specified.
735			DISPLACEMENT OF INTERVERTEBRAL DISC For NHS, includes also all "disc" conditions, at any onset, of unspecified origin; "disc" conditions, due to injury (735.9) provided the injury occurred more than 3 months ago. Excludes them, if due to injury NEC in past 3 mos; see 839.
	736		AFFECTION OF SACRO-ILIAC JOINT For NHS, code the listed conditions (old) in Vol. I to X70.
	737		ANKYLOSIS OF JOINT Code to X70-X79, by site
738			OTHER DISEASES OF JOINT Exclude chronic instability, ("joint slips out"), dislocation, "locking" and contracture of joint, 3 mos+; code to X-Code by type and site.
744.2			OTHER DISEASES OF MUSCLE, TENDONS, AND FASCIA For NHS, exclude atrophy, and Dupuytren's and other con- tractures, of limbs, back, trunk (and muscles and tendons thereof) which are coded to X80-X89, by site and type. Note: Muscular dystrophy, and other chronic progressive diseases are coded as per ICD
	745		CURVATURE OF SPINE Code to X80. For NHS, if heart disease of any type is also present, code X80 and the heart condition.
	746		FLATFOOT, Code to X82.
	747		HALLUX VALGUS AND VARUS. Code to X84.
	748		CLUBFOOT. Code to X83.
	749		OTHER DEFORMITIES Code to X-Code by site and type. This applies to any condition indexed by ICD to this category, or any other, if the condition is a deformity, 3 mos+, of structure of bones, joints, muscles, or other tissues, of the types included in the X-Codes, including missing extremities.

Con-tent	Not used	New code	Category Title
			CONGENITAL MALFORMATIONS (750-759) For NHS, structural defects and deformities of the skull, spine, bones, and joints, absence of extremities, eyes, ears, nose, jaws, teeth, lung, kidney, and breast, and defects of vision, hearing, speech, and intelligence are classified in the X-Code, by type and site. The etiologic code X added to any condition in the X-Code indicates congenital origin or birth injury. Congenital diseases of the eye and ear are coded to the categories for acquired conditions of the same nature in 380-388, 396, to facilitate the count of disorders of eye and ear. Congenital disorders of internal organs, except congenital absence of lung and kidney remain as classified by ICD. The phrase "since birth" can usually be interpreted to mean "congenital origin" or "born with" or "existing at birth," but it should not be so interpreted when the defect is "speaking" NEC or "walking" NEC or in some function that is not developed at birth. When "since birth" is used, and the condition could not have been present at birth, use the etiologic code Y (other). "Since birth" can be taken to mean congenital origin for conditions that are generally or always congenital. Note: For NHS, the count of conditions codable to ICD categories 750-759 becomes, essentially, only those disorders of nervous, circulatory, digestive, genito-urinary, and integumentary systems, that are said by the respondent to be congenital or present since birth, and which are not codable to the X-Code with X in the 4th digit.
	751 752 753.0		SPINA BIFIDA AND MENINGOCELE. Code to X81.X. CONGENITAL HYDROCEPHALUS. Code to X93.X. CONGENITAL CATARACT. Code to 385.
753.1			**OTHER CONGENITAL MALFORMATIONS OF NERVOUS SYSTEM AND SENSE ORGANS** For NHS, this category excludes absence of eye or the seeing and hearing mechanism to the extent that blindness or deafness must be present; code to the X-Code under Blindness or Deafness. Excludes also: retinitis pigmentosa and other conditions of eye and eyelid (380-388, by site); microcephaly (X93X); congenital ear diseases (396.1).

Con-tent	Not used	New code	Category Title
	755 758.0 758.2 758.4 758.5		CONGENITAL MALFORMATIONS (750-759)--Continued CLEFT PALATE AND HARELIP. Code to X91.X. CONGENITAL DISLOCATION OF HIP. Code to X85.X. CONGENITAL MALFORMATIONS OF SKULL. Code to X93.X. CERVICAL RIB. Code to X89.X. CONGENITAL ABNORMALITIES OF LUMBOSACRAL JOINT Code to X-Code by the type specified.
758.6			OTHER CONGENITAL MALFORMATIONS OF BONE AND JOINT Include progressive or chronic congenital disease of bone and joint, but exclude structural deformities resulting from such congenital diseases--which are coded to the X-Code.
759.3			OTHER AND UNSPECIFIED CONGENITAL MALFORMATIONS NEC Exclude congenital "absence," "extra," "deformity" of sites and types included in the X-Code.
			CERTAIN DISEASES OF EARLY INFANCY (760-777) For NHS, births of well babies, with or without routine circumcision, and infants born dead, are not coded or counted in any way. Such reports are to be deleted from the questionnaire. Prematurity or immaturity, or any other abnormality or disease of infants is, of course, coded.
760 761			INTRACRANIAL, SPINAL, AND OTHER INJURIES AT BIRTH For NHS, include the listed conditions in Vol. I at ages 3 mos or younger. Exclude residuals of such birth injuries, 3 mos+, which are coded according to the effect specified; if no effect is specified, as in "birth injury NOS," 3 mos+, code X99.X.
		777	RETROLENTAL FIBROPLASIA, AGES UNDER 1 YEAR
		777.0	Retrolental Fibroplasia in full term infants, ages -1 year
		777.5	Retrolental Fibroplasia (with prematurity), NOS, ages -1 year Note: If the person is 1 year of age or over, code to 386. See also 386, 388, and notes above 380, this Appendix.

Con- tent	Not used	New code	Category Title
			SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS (780-799) For NHS, a considerable number of changes have been made in this section. Some of the changes made by NHS are necessary because defects and disturbances, 3 mos+, affecting speech, vision, hearing, sensation, locomotion—primary or secondary, serious or minor, are included in the X-Code for Special Impairments. Other changes have been made to prevent the scattering of codes for very similar conditions, and, in areas where the majority of such conditions are classified by ICD within 001-779, those in 780-799 have been moved into the main body of the classification. A few changes are necessary because an ICD category has a 4th digit 9; for NHS the 4th digit 9 must always mean "due to injury." Many of the terms affected by these code number changes will be found in the Short Index.
780.2			**CONVULSIONS, -3 MOS** For NHS, code chronic or repeated convulsions, seizures, fits, 3 mos+, to 353.3. <u>See also</u> 353.
	780.3		**JACKSONIAN EPILEPSY.** Code to 353.3. <u>See also</u> 353.
780.4			**ABNORMAL INVOLUNTARY MOVEMENT** For NHS purposes, effective <u>July 1, 1961</u>, this category is restricted to abnormal movement of <u>sites</u> such as the head, eyelid, face, mouth, tongue, and <u>muscles</u> thereof. It includes twitching, spasm, tic, tremor, of these sites if qualified as "muscular," "nervous," or "habit," or due to nerves. <u>However</u>, if nervous trouble, in 327, is of this <u>kind, and is</u> due to emotional factors or there is doubt whether the trouble is emotional or organic, code only to nervous trouble in 327. This category <u>excludes</u> "tic douloureux" (361); and any abnormality of <u>the face</u> described as "Bell's," which if -3 mos is 360, and 3 mos+ is X60. For all spasms, twitching, cramping, tremor, trembling, athetoid movements (and synonyms)—involving limbs, back, trunk, and muscles thereof, code as for "Trouble" of those sites. For <u>coordination</u> difficulties, <u>see</u> 780.5.

Con-tent	Not used	New code	Category Title
			SYMPTOMS—continued; 780.4--continued
			For palsy of any site or type, see Short Index under Palsy, or Paralysis, Partial.
			The term "spastic (nerves)" of unspecified site or involving limbs, back, trunk, is coded as for Palsy.
			For spasm, and spastic, in reference to brain, throat, stomach, see Short Index and also Vol. II, under Spasm.
			When spasm or abnormal (involuntary) movement of any type is to be coded, do not assign more than one code for site, per person. Choose the part most seriously affected, or if this is not clear, choose the first one mentioned, or if there is some provision for multiple sites use it.
780.5			DISTRUBANCE OF COORDINATION, -3 MOS
			For NHS, code ataxia (muscular incoordination), 3 mos+, to Partial Paralysis in the X-Code.
			Excludes disturbance or loss of sense of equilibrium or balance, NOS, or in relation to ability to move about. See category 781.7.
780.7			DISTURBANCE OF SLEEP
			Excludes narcolepsy; code to 355.
780.8			DISTURBANCE OF MEMORY
			Includes: forgetfulness; "can't remember well." If due to old age, or cerebral arteriosclerosis, code to 794, or 334, only. If reported as the present effect of a stroke, 3 mos+, without mention of cerebral arteriosclerosis, code 780.8 and 334.
		780.X	MENINGISMUS (Not 780.9)
	781.0		DISTURBANCE OF VISION EXCEPT DEFECTIVE SIGHT
			For NHS, code "blind spots," "half vision," etc., to 388, if -3 mos; if 3 mos+, code to the X-Code by the degree of vision loss reported; if not stated specifically, code X05.
	781.1		OCULOMOTOR DISTURBANCE. Code to 384.
	781.2		PHOTOPHOBIA. Code to 388.

Con- tent	Not used	New code	Category Title

	781.3		SYMPTOMS—continued
			DISTURBANCE OF HEARING EXCEPT DEAFNESS
			  For NHS, code to 396.1. If 3 mos+, code to the X-
			  Code by degree of hearing loss reported. See also
			  396.1

	781.4		DISTURBANCE OF CRANIAL NERVES EXCEPT OPTIC, OCULOMOTOR,
			AND AUDITORY
			  For NHS, code ptosis of eyelid to 388. Code paraly-
			  sis of facial nerve (7th), -3 mos, to 360. Code dis-
			  turbance or paralysis, -3 mos, of 1st, 5th, 9th-12th
			  cranial nerves, and all conditions relative to the
			  senses of taste or smell, -3 mos, to 367 (Other dis-
			  eases of cranial nerves). Loss or impairment of sense
			  of taste or smell, 3 mos+, is coded to X12. Code
			  trismus (lockjaw) not secondary to tetanus to 367. All
			  paralysis, 3 mos+, is coded to the X-Code.

781.5			STAMMERING AND STUTTERING, -3 MOS For NHS, if 3 mos+, code to X10.

781.6			OTHER DISTURBANCE OF SPEECH, INCLUDING ALEXIA AND
			AGRAPHIA, -3 MOS
			  For NHS, includes the listed conditions and all types
			  of aphasia, -3 mos.
			  Excludes: visual aphasia (word blindness), auditory
			  aphasia (word deafness), and all types of aphasia 3 mos+,
			  constituting a special learning disability (X14), or if
			  predominantly affecting speech (X11); and speech defects,
			  NEC, 3 mos+, (X11).
			  See also Medical Coding Manual, Section VI, D, for
			  speech defects, and VI, E, for special learning disability.

781.7			OTHER DISTURBANCE OF SENSATION, -3 MOS
			  Includes disturbance or loss of sense of equilibrium NOS,
			  of balance NOS, and of sensation NEC (numbness, burning,
			  etc.), -3 mos; excludes them if 3 mos+ (X13).
			  Excludes disturbance or loss of sense of taste or smell
			  -3 mos (367), 3 mos+ (X12).

	781.8		ENCEPHALOPATHY. Code to 355.
		781.X	HALLUCINATIONS. (Not 781.9).

Con-tent	Not used	New code	Category Title
782.6	782.1 782.2 782.4		PALPITATION. Code to 433.1. TACHYCARDIA. Code to 433.1. ACUTE HEART FAILURE, UNDEFINED. Code the listed conditions to 434.4 EDEMA AND DROPSY (NOT OF NEWBORN) For NHS, code dropsy, renal or kidney, to 603.3.

		782.X	SHOCK WITHOUT MENTION OF TRAUMA (Not 782.9)
			   Includes shock NOS. If physical shock state is reported with injury, code the injury only.
			   Excludes: nervous, mental, emotional shock (327); paralytic shock or stroke (code as for stroke).

783.3			COUGH Includes nervous cough and cigarette cough.
783.5			CHANGE IN VOICE, -3 MOS Effective July 1, 1961, excludes voice or speech difficulties, 3 mos+. See X-Code, X11, and Medical Coding Manual, Section VI, D
	784.0 784.1 784.2 784.3 784.4 784.8 785.4		ANOREXIA. Code to 544.2 NAUSEA AND VOMITING. Code to 544.2 PYLOROSPASM. Code to 544.1 HEARTBURN. Code to 544.2. DYSPHAGIA. Code to 539.0. ERUCTATION. Code to 544.2 FLATULENCE. Code gas (pains) NOS to 573.3; in stomach, on stomach, to 544.2.

785.0	785.6		DIARRHEA, AGE 2 YEARS AND OVER. Code to 571.1.
			   See 571.1
			ABDOMINAL SWELLING
			   Includes swelling, swollen, abdomen, stomach, intestines.

785.5			ABDOMINAL PAIN Includes pain in abdomen, stomach, intestines.
		785.X	VISIBLE PERISTALSIS. (Not 785.9)
786.0			PAIN REFERABLE TO URINARY SYSTEM Includes difficulty in urination.

Con- tent	Not used	New code	Category Title
			SYMPTOMS—continued
787			Title changed to: CERTAIN SYMPTOMS REFERABLE TO JOINTS, LIMBS, BACK, NECK, TRUNK, -3 MOS <blockquote>Each one of the ICD categories 787.0-787.7 has been modified or expanded in some way. They include the listed conditions, of unknown cause, with onset in past 3 months. All forms of paralysis, palsy, ataxia, 3 mos+, are to be coded to the X-Code under Paralysis, Complete or Partial. Pain, stiffness, swelling, trouble NEC, difficulty in walking, NEC, involving joints, muscles, of any part of extremities, neck, trunk, back, 3 mos+, of unknown cause or due to old injury are coded to the X-Code, under X70-X79. The ICD numbers 787.6 and 787.7 have been combined to make room for symptoms referable to the neck, and 787.7 has been changed and expanded as shown below.</blockquote>
787.0			PARALYSIS OF LIMB, AGES 3 MOS+, ONSET -3 MOS <blockquote>Excludes paralysis of limb in infants under 3 months of age (761).</blockquote>
787.1			PAIN, STIFFNESS, SPASM, TROUBLE NEC, LIMB (MUSCLES), -3 MOS
787.2			SWELLING OF LIMB, -3 MOS
787.3			PAIN, STIFFNESS, TROUBLE NEC, JOINT OF LIMB, -3 MOS
787.4			SWELLING, JOINT OF LIMB, -3 MOS
787.5			PAIN, STIFFNESS, SPASM, TROUBLE NEC, BACK (MUSCLES) SPINE, VERTEBRA, -3 MOS <blockquote>Excludes: the term "lumbago", any onset (726.0); all "disc" conditions (see 735 and 839); and sacroiliac or other back trouble, 3 mos+ (X70-X72)</blockquote>
787.6			PAIN, STIFFNESS OR SPASM (MUSCULAR), NECK, -3 MOS
787.7			PAIN, STIFFNESS, SPASM, TROUBLE NEC (ORTHOPEDIC) OTHER AND MULTIPLE, -3 MOS <blockquote>Includes: conditions of this kind, of jaw, rib, "side," trunk; limping or trouble in walking NEC, -3 mos; and multiple symptoms and troubles in 787, -3 mos. Excludes: ataxia (muscular incoordination) -3 mos (780.5).</blockquote>

Con-tent	Not used	New code	Category Title
			SYMPTOMS—continued

788.4			Title changed to:
			WEIGHT ABNORMALITY, AGES 1 YR+, ONSET -3 MOS
			    For HIS, includes over-or underweight, or gain or loss
			    of weight, onset past 3 months, in persons at ages 1
			    year and over, cause unknown, familial, or hereditary.
			    For weight abnormality, in infants, or at ages 1 year
			    and over, onset 3 mos+, see notes under 286.5 and
			    287.

789.0		788.X	OTHER SPECIFIED SYMPTOMS NOT CLASSIFIABLE ELSEWHERE
			(Not 788.9)
			    Excludes "low blood sugar" (270).
			ALBUMINURIA, UNQUALIFIED
			    Includes albuminuria and proteinuria of unknown
			    cause, but of any duration, acute or chronic.

789.8			OTHER ABNORMAL URINARY CONSTITUENTS OF UNSPECIFIED CAUSE
			    Include "cloudy urine," and other descriptions of the
			    urine in regard to its content or color not classifi-
			    able to 789.0-789.7.
			    Exclude symptoms relating to retention, frequency,
			    etc. or other disorders of the discharge or secretion
			    of urine (786.1-786.5); and uremia (792).

	790.0		NERVOUSNESS. Code to 327.

790.1			DEBILITY AND UNDUE FATIGUE
			    For HIS, includes overtired, overworked, overexertion,
			    worn-out, rundown, weakness, and other terms similar
			    to debility and fatigue. Excludes these if codable to
			    794, or to ill-defined nervous or mental conditions
			    in 327. See also 327 and 794.

	790.2		DEPRESSION. Code to 327, unless a specified type of psychosis or psychoneurosis is also reported.

794			SENILITY WITHOUT MENTION OF PSYCHOSIS
			    For HIS, includes "old age" in persons 65+, with
			    nervous or mental symptoms except psychosis, and
			    such symptoms as weakness, trembling; code 794, only.
			    Excludes all symptoms and diseases of heart, stomach,
			    and other organs and parts of the body due to "old age";
			    code these to the specified symptom or disease, only.
			    If "age", or "old age" is the cause of impairments in
			    the X-Code, use "Y" as the etiologic factor, but do not
			    code 794 separately.

Con-tent	Not used	New code	Category Title

795			SYMPTOMS--continued
			ILL-DEFINED AND UNKNOWN CAUSES OF MORBIDITY AND MORTALITY (795, 796, 797)
			   See categories 796, 797, below.
			   See Section IV of the Medical Coding Manual
			   for special instructions about the coding of symptoms, ill-defined, and other inadequate diagnostic reports.
			   Not applicable except in coding deaths.
			    " " " " " "
			    " " " " " "

	795.2 795.3 795.4		

		796	"GLAND TROUBLE" NOS
			   Assume swelling, enlargement, hypertrophy of gland NOS to mean lymph glands or nodes, and code to 782.7. Code infection, inflammation, "sore" glands NOS as for Lymphadenitis, as in Vol. II, but for sites and types indexed to 468.2 change to 694, if -3 mos, and to 468.0 if 3 mos+.
			   Excludes diseases and conditions of thyroid gland, prostate gland, or any other specified gland.

		797	"KNOTS," "LUMPS," "BUMPS," CAUSE AND TYPE UNKNOWN
			   Excludes tumors or growths which are coded as for neoplasms (140-239); and knots, lumps, bumps, due to unspecified type of injury--to be coded to 996, by site if known, and if -3 mos.
			   If "knots," "lumps," "bumps" are modified by the adjectives "benign," "malignant," or "nonmalignant," code as for neoplasms (140-239)

Con- tent	Not used	New code	Category Title

			ACCIDENTS, POISONINGS, AND VIOLENCE (NATURE OF INJURY)
			(800-999)
			    For HIS, codes 800-999 are the Nature of Injury codes,
			    or N Codes, of ICD. The codes E800-E999 are not used;
			    therefore the letter N is not needed before the codes
			    800-999.
			    The ICD 4th digits applicable to 800-959, and 960-979,
			    are not used; however, the 4th digits that are part of
			    some of the codes 980-999 will be retained. For late
			    effects, and other information about the categories
			    980-999, see notes above 980.
			    Use the 4th digit X with injuries in 800-979, if -3 mos.
			
			    The following are clarified as of <u>July 1, 1961</u>:
			        "Broken" or ruptured veins, NOS, or of
			            specified site 467.2
			
			        Concussion (jarring) <u>not</u> of brain:
			            code as for Injury, other; if
			            of internal organs (lung, liver, etc.)
			            code as for Injury, internal
			
			        Contusion (bruise), hematoma, blood blister,
			            "broken" blood vessels, and other minor
			            vein, artery, blood conditions due
			            to injury:
			          with other injury of same part of body:
			            <u>code the latter only</u>
			          due to injury, NEC: code as for Contusion
			          specified site, <u>not</u> due to injury: code under
			                  Hemorrhage, by site
			
			        "Cracked" rib <u>or other bone</u>: code as for Fracture.
			            If fracture is not indicated, and disability
			            is slight or unknown, code "cracked" as for
			            Injury NEC
			
			        Fracture, of bones <u>not</u> due to injury,
			            or of unknown cause: code to
			            Disease, bone.
			
			        "Injury, internal" means accidental injury of
			            any kind to the organs inside of the chest,
			            abdomen, pelvis (such as lung, liver,
			            stomach, uterus, kidney, etc.)
			
			        Injury, superficial, in 910-918, with other more
			            serious injury of <u>same part of body</u>: code
			            the latter only.

Con- tent	Not used	New code	Category Title
			ACCIDENTS, POISONINGS, AND VIOLENCE--Continued

Injury of any kind to the <u>infant</u>
during <u>delivery</u>, code as for Birth injury;
to the <u>mother</u>, code as for Delivery.

"Poisoning" <u>not</u> due to food, and affecting
the skin only, by handling or coming in
contact with irritating substances-
causing rashes, eczema, dermatitis,-
code as for Dermatitis, and whether
occupational or not. If the word
"burn" is used, code as for Burn.
"Poisonings" or other injury codable to 001-799
do not require Table A.

"<u>Stings</u>" of bee, wasp, or other poisonous insect:
code as for Poisoning, by venom (978). Code
stings and bites of nonpoisonous insects to
Injury, superficial.

"Sun poisoning": code as for sunburn

"Strokes" -3 mos, due to injury: code to
the injury in 800-999, only.
Strokes, 3 mos+, due to injury code to
the specified effect with 9 in 4th digit
and code 334.9 also.

When the statements about injuries and poisoning
are vague, complicated, or unusual, consult the
supervisor.

For detailed instructions in coding injuries see
HIS Medical Coding Manual, Section VII

LATE EFFECTS OF INJURIES AND POISONINGS IN 800-979
Conditions, 3 mos+, due to injury, or poisoning in
960-979, are coded according to the effect specified,
with-9 in the 4th digit. If the injury or poisoning
happened more than 3 months ago, and no present effect
is specified (as in "fractured hip, 1957"), use the code
in 800-999 with-9 in the 4th digit; for exceptions to
this rule for old or chronic dislocations and strains,
See notes for 830-848.
Amputation or loss of eye, limbs, nose, ears, due to
accident, <u>recent or old</u>, is coded to the X-Code with X
in the first digit and-9 in the 4th digit, but after
July 1, 1958, all other conditions, -3 mos, due to injury
or accident will have 8 or 9 in the 1st digit.

Con- tent	Not used	New code	Category Title

			FRACTURES (800-829)
			For NHS, categories 800-829 <u>include</u> fracture, and "broken," by site, if the <u>specified</u> part of the body contains bone,--as in arm, leg, hand, foot, back, neck.
			<u>Exclude:</u>
			   "broken tooth"--see notes under 873 and 535.
			   "fractured ear <u>drum</u>"--see 872 and 396.0.
			   rupture of any site--<u>see</u> Vol. II under Rupture.
			   rupture meaning hernia--see 848, 560, 561.
			   all "disc" conditions--<u>see</u> 839 and 735.
			   "broken" or torn cartilage, muscle, tendons--
			     see 840-848.
			   "broken veins" NOS (467.2).

806			FRACTURE AND FRACTURE DISLOCATION OF VERTEBRAL COLUMN WITH SPINAL CORD LESION <u>Exclude</u> all types of paralysis, 3 mos+, due to injury; code to X-Code with 9 in the 4th digit.
825			FRACTURE OF ONE OR MORE TARSAL AND METATARSAL BONES <u>Includes</u> "broken arches," -3 mos, if due to injury. <u>Excludes</u> "broken arches," 3 mos+, due to any cause; code to X82 by the rules for impairments.

			DISLOCATION WITHOUT FRACTURE (830-839)
			   For NHS, for all intervertebral "disc conditions," see 839 and 735. Other old (3 mos+) or habitual dislocations (and synonyms) of sites of limb, back, trunk, in 830-839, effects NEC, are coded to X70-X79 by site. Code dislocation of jaw to X92, and congenital dislocation of hip to X85X.
			   Code "rupture," "tear," "broken," "wrenched," of ligaments, muscles, cartilage, tendons of knee and other joints, as for sprain, strain, of those sites, if <u>dislocation</u> is not also specified in the diagnosis.

839			OTHER, MULTIPLE, AND ILL-DEFINED DISLOCATIONS For NHS, <u>include all</u> "disc" conditions, -3 mos, <u>provided</u> they are specified as <u>due</u> to injury. <u>Exclude</u> "disc" conditions, -3 mos, not due to injury, and all "disc" conditions 3 mos+ (735); if 3 mos+, and due to injury, code <u>735.9.</u>

Con- tent	Not used	New code	Category Title
			SPRAINS AND STRAINS OF JOINTS AND ADJACENT MUSCLES (840-848) For NHS, code rupture, tear, "broken," "wrenched," of muscles, cartilage, tendons of knee and other joints to 840-848, unless dislocation, as in 830-839, is also specified in the report. For "disc" conditions, -3 mos, see 839, and 735. For hernia (and synonyms), -3 mos, see 848, and 560, 561. Old (3 mos+) sprains or strains of sites of limbs, back, trunk in 840-848 are coded to X70-X79, unless some effect, elsewhere classifiable, is specified.
846			**SPRAINS AND STRAINS OF SACRO-ILIAC REGION** For NHS, include sprain, strain, -3 mos, of sacro-iliac, lumbar, lumbosacral, "low," "lower," parts of back; exclude these if 3 mos+, (X70) unless some effect elsewhere classifiable is mentioned.

847			**SPRAINS AND STRAINS OF OTHER AND UNSPECIFIED PARTS OF BACK**
			Include "whiplash" injury, NEC of neck region -3 mos.
			Exclude sprain, strain, 3 mos+, effect NEC, of:
			  back NOS (X70)
			  coccyx (X72)
			  neck (or cervical) or upper back (X71)
			  spine NOS (X70)
			  vertebra NOS (X70)

848			**OTHER AND ILL-DEFINED SPRAINS AND STRAINS** Include hernia, -3 mos, provided it is due to "one-time" injury, heavy lifting, or strain; exclude hernia 3 mos+ due to injury (560.9, 561.9), and hernia, any onset not due to injury (560X, 561X). Include sprain, strain, "side" -3 mos; if 3 mos+, code X79. Exclude eyestrain, strained heart, athlete's heart, strain of other internal organs, any onset; regard these as meaning "general wear and tear," and code with the ill-defined diseases of the part mentioned, without reference to injury in any way, even though they may be "one-time" occurrences.

Con- tent	Not used	New code	Category Title

			LACERATION, CUT, OPEN WOUND OF SITES NOT INVOLVING
			SCALP, HEAD NOS, INTERNAL ORGANS (870-908)
			  For HIS, Categories 870-908 exclude also:
			  enucleation of eye, any onset; code as for Blindness
			  in X00-X02, by cause;
			  avulsion, amputation, "cut off," of limbs,
			  any onset; code to X20-X34, by site and cause; if of
			  nose or ear, code to X90;
			  "smashed," "mashed," "mangled," "crushed," of extrem-
			  ities and sites in 996, with no information about
			  whether there is an open wound or fracture; code to
			  996, by site;
			  bites of:
			    nonvenomous insects (mosquito) (flea), code to
			    910-918;
			    poisonous insects or reptiles, code to 978;
			    mad dog, case untreated (094).
			  Include bites by humans and non-rabid animals.

	871		ENUCLEATION OF EYE

872			OPEN WOUND OF EAR
			  Includes perforation (or synonyms) of ear drum, due
			  to injury NEC, -3 mos; excludes it if 3 mos+, due to in
			  jury (396.9), or if of unspecified cause, any onset,
			  (396.0).

873			OTHER AND UNSPECIFIED LACERATION OF FACE
			  Includes broken tooth, or teeth, or loss of tooth or
			  teeth, due to injury, NEC, -3 mos; excludes these if
			  -3 mos, and if of unspecified cause (535); if 3 mos+,
			  code to X92 by the rules for impairments. Excludes
			  traumatic avulsion of nose or ear, any onset (X90.9)

	886		TRAUMATIC AMPUTATION OF THUMB(S)
	887		TRAUMATIC AMPUTATION OF OTHER FINGER(S)
	888		TRAUMATIC AMPUTATION OF ARM AND HAND
	896		TRAUMATIC AMPUTATION OF TOE(S)
	897		TRAUMATIC AMPUTATION OF FOOT
	898		TRAUMATIC AMPUTATION OF LEG

Con- tent	Not used	New code	Category Title
921			SUPERFICIAL INJURY (910-918) For NHS, <u>includes,</u> also "skinned" of any site in 910-918. CONTUSION AND CRUSHING WITH INTACT SKIN SURFACE (920-929) For NHS, if there is no information as to whether the skin is broken, code crushing of extremities and sites in 996, to 996, by site. CONTUSION OF EYE AND ORBIT <u>Includes</u> also injury, unspecified nature, of eye (any part) and orbit; "black eye." EFFECTS OF FOREIGN BODY ENTERING THROUGH ORIFICE (930-936) For NHS, <u>include</u> foreign body (cinder, coin, fish bone, etc.) entering eye, ear, nose, throat or any natural opening of the body, -3 mos. Old foreign body, 3 mos+, of this nature, with no effect specified is coded to 930-936, by site, with 9 in 4th digit. <u>Exclude</u> "splinter in finger," or other foreign material in parts of the body <u>not</u> a natural opening; if no other nature of injury is specified code under "Wound, open," if -3 mos. With any kind of foreign body, -3 mos, if infection is also present, do not code infection separately. INJURY TO NERVES AND SPINAL CORD WITHOUT BONE INJURY (950-959) For NHS, categories 950-959 <u>include</u> traumatic blind- ness, deafness, and paralysis (due to nerve injury), -3 mos, as indexed by ICD. <u>Exclude</u> these conditions 3 mos+; code to the appropriate X-Code, with 9 in 4th digit. EFFECTS OF POISONS (960-979) For NHS, <u>see also</u> notes above 806, this Appendix.

Con-tent	Not used	New code	Category Title
			EFFECTS OF WEATHER, EXPOSURE, AND RELATED CONDITIONS; OTHER AND UNSPECIFIED INJURIES AND REACTIONS (980-999)
			Note: Fractures and other injuries in 800-979, incurred in diving, during severe storms, or in other circumstances included in 980-999, are to be coded to 800-979, only, by type.
			Conditions which can be coded elsewhere are not to be coded as injuries if due to ordinary bad winter or summer weather, damp weather, bad weather, change in temperature, "the heat," "cold," "got feet wet," or to ordinary hunger or thirst. Code these as if non-traumatic. However, specified conditions in 980-989, such as frostbite, sunburn, car sickness, and effects of excessive cold, or heat, or severe storms, should be classified as injuries.
			If a condition is codable to 980-999, and is old, 3 mos+, and has no effect specified, use 9 as the 4th digit, substituting 9 if the category in 980-999 has some other 4th digit.
			If the original condition was codable to 980-999, but some present effect, 3 most+, is specified, code as for all other late effects—to the present condition in 001-799, or the X-Code, with 9 in 4th digit.
988			**EFFECTS OF EXCESSIVE EXERTION**
			Include injury NEC, -3 mos, in "one-time" heavy lifting, or due to extreme exhaustion or excessive exertion. Exclude overworked, "tired," "exhausted," "worn out," and similar terms; code these as for Fatigue in 790.1, and do not consider them as injuries.
990			**DROWNING AND NON-FATAL SUBMERSION**
			Include: swimming and diving injuries and effects, -3 mos, not codable to 800-979; ear conditions, -3 mos, due to swimming or diving.
	995		**CERTAIN EARLY COMPLICATIONS OF TRAUMA**
			For NHS, code the injury only.
996			**INJURY OF OTHER AND UNSPECIFIED NATURE**
			For NHS, includes ill-defined descriptions of injury of external sites (not involving eye, head, skull, internal sites, nerves)--such as smashed, mashed, mangled, crushed, hurt, knocked, cracked, whacked, bumped, jarred--that cannot be coded elsewhere. Use 996X, instead of 996.9, for injury, -3 mos, NOS. Use 996.9, for injuries, 3 mos+, with no effect specified, of the types and sites codable to 996.0-996.8, or 996X.

Con-tent	Not used	New code	Category Title
997			980-999--Continued REACTIONS AND COMPLICATIONS DUE TO NON-THERAPEUTIC MEDICAL AND SURGICAL PROCEDURES 　　For NHS, include fever, rash, headache, upset stomach, and other kinds of sickness resulting from vaccination or other preventive (prophylactic) measures or shots, -3 mos, in persons who were not sick before the treatment; and any reaction, allergic or otherwise, or complication, in previously well people, to medical or surgical procedures performed for sterilization, circumcison, or for cosmetic or preventive reasons. Exclude allergy to drugs or other substances not in connection with a current episode of reaction to a prophylactic or preventive procedure (245).
998			ADVERSE REACTION TO INJECTIONS, INFUSIONS, AND TRANSFUSIONS FOR THERAPEUTIC PURPOSES 　　For NHS, includes adverse reaction, -3 mos, to injections (shots), or the introduction of fluids or blood into the veins or blood stream, given during the course of an illness for therapeutic (curative) purposes. Code also the illness for which the injections, etc., were given. Note: for reaction to insulin therapy, see 999.1.
998.2			Title changed to: SERUM SICKNESS AND ADVERSE REACTION TO INJECTED DRUGS 　　For NHS, include also allergic or other reactions, except as in 998.1, to penicillin or other shots, complicating and concurrent with an illness. Exclude, also, reactions to drugs not injected (999.2); and allergy to drugs not in connection with a current episode of illness (245). See also 245.
			ADVERSE REACTION TO OTHER THERAPEUTIC PROCEDURES (999)
999.0			EARLY COMPLICATIONS OF SURGICAL PROCEDURES 　　For NHS, excludes also ordinary pain and discomfort following normal well-conducted operations. Code only the illness for which the surgery was done.
	999.3 999.4 999.5		LATE COMPLICATIONS OF AMPUTATION STUMP LATE COMPLICATIONS OF OTHER SURGICAL PROCEDURES OTHER LATE COMPLICATIONS OF THERAPEUTIC PROCEDURES

SHORT INDEX

of

DISEASES, IMPAIRMENTS, INJURIES, AND OPERATIONS

(Revised July 1, 1964)

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Health Interview Survey
National Center for Health Statistics
July 1964

2

1-Digit Etiology Codes for IMPAIRED VISION (X00-X05)-Revised July 1, 1964

.0 Unknown or unspecified origin.
.1 Cataract (385)* any origin except as in .5-.9 (with any in 4).
.2 Cataract (385)* with glaucoma, any origin except as in .5-.9.
.3 Glaucoma (387)* any origin except as in .5-.9, without cataract (with any in .4)
.4 Other local eye diseases (370-388* except 385*, 387*)(any infection of eye)
.5 Diabetes (260) (with cataract or glaucoma)
.6 Diseases of the arteries NEC (450-456).
.7 Vascular lesions, CNS (with arteriosclerosis) (with hypertension) (330-334)
.8 **Neoplasm (140-239)**
.9 Accident or injury except at birth
.X Congenital origin NEC or birth injury
.Y Conditions not in .0-.9, or .X **(noncongenital) (nontraumatic) (not localized to eye) (hereditary) (old age) ("age" NOS)**

1-Digit Etiology Codes for OTHER IMPAIRMENTS (X06-X99)

.0 Unknown or unspecified origin
.1 Tuberculosis, any site
.2 Poliomyelitis
.3 Other infection or inflammation, ulcer, any site (general) (local) (scarlet fever) (meningitis) (encephalitis) (arthritis) (osteomyelitis) (neuritis), (etc.)
.4 Neoplasm (140-239)
.5 Diabetes (with gangrene) (260)
.6 Diseases of arteries (gangrene) (general arteriosclerosis) (450-456)
.7 Vascular lesions, central nervous system (330-334)
.8 Rickets and osteomalacia
.9 Accident or injury except at birth
.X Congenital origin or birth injury
.Y Diseases and conditions except as in .0-9, or .X (noncongenital) (nontraumatic) (noninflammatory) (hereditary) (old age) ("age" NOS)

5th and 6th Digits for Injuries, Table I:

5th digit:

X first, or only, condition in this accident

O other condition(s) of multiples in this accident

6th digit:

X yes, entry in Table II for this accident
O no, no entry in Table II for any part of this accident

Code for Col (aa):

1 chronic
2 acute

Code for Col (i), Table II:

X Operation, for the coded diagnosis
O Operation, NOT for the coded diagnosis
1 Operation, unknown if for the coded diagnosis
2 No operation done, or unknown if operation was done

For Index of Operations see page 24

- A -

Abrasion--see Injury, superficial
Abscess, abscessed--see Vol. II.
  ear--see Infection, ear
  gum or tooth 531.2
    with decay 530.2
ABSENCE, EXTREMITY OR PART--see
     also Loss, and Manual, Section
     VI, G.
  breast X38
  ear (flap) X90
  EXTREMITY:
    UPPER ONLY:
      arm (at or above elbow) X20
        below elbow, above wrist X21
        lower X21
      arms, both X22
      finger(s) and/or thumb,only
        one or both hands X25
      hand X23
      hands, both X24
      thumb(s)--see finger(s)
    LOWER ONLY:
      leg (at or above knee) X26
        below knee, above ankle X27
        lower X27
      legs, both X28
      feet, both X30
      foot X29
      toe(s) only, one or both feet
        X31
    UPPER AND LOWER:
      digits only - finger(s) and/
        or thumb(s) and toe(s) X34
      one upper (arm or hand) with
        one lower (leg or foot)
        X32
      three or more (arm, hand, leg,
        foot) X33
  eye--see Blindness
  jaw X92
  joint X39
  kidney X37
  larynx (voice box) X11
  lung X36
  nails NEC 712
  nose X90
Ache, aching--see Pain
Acid stomach 544.0

Action, heart irregular 433.1*
  Note: Not to be combined with any
  condition except when conditions
  in 420 are also present. See App.
  III, 433.
  due to nerves 315.0
Adhesions (abdominal) 577*
Albuminuria (acute) (chronic) (sub-
    acute) 789.0*
Alcoholism ("drinking") (acute)
    (chronic) ("hangover") 322*
  with conditions due to it 322*
    except:
      liver (cirrhosis) 581.1
      psychosis 307
Allergy, manifestation NEC (cough-
    ing) (itching) (hives) (rash)
    (swelling) (headache) (edema)
    245*--see also App. III,
    240-245, and Manual, Section IV, I.
  due to:
    plant leaves, contact 703.0
      occupational 702.0
    pollen (any) 240
    substance in contact (skin)
        any except plant leaves
        245*
  manifested by:
    asthma (with hay fever) 241
    eye conditions 245
      with hay fever 240
    hay fever (or synonyms) 240
    nasal, nose conditions   240
    nasal polyps 240
    sinus conditions 240
    skin conditions 245*
      due to plant leaves 703.0
        occupational 702.0
    sneezing 240
    "sniffles" 240
    wheezing 241
  multiple NEC 245*
Amnesia NOS 7808*
Amputation--see Absence, by site
Anemia 293--see also Vol. II
  following childbirth (within 2
      mos) 688.0
  iron deficiency 291
  of pregnancy 646
  pernicious 290.0

Birth injury
  child
    -3 months of age
      brain or spine 760.0*
        with immaturity 760.5*
      other sites 761.0
        with immaturity 761.5
    3 mos+: code residual specified
    residual not specified
        X99.X
  mother--see Delivery, complicated
Birthmark (strawberry) (see also Vol.
    II) 228
  face, disfiguring X90.X; code
      228 also
Bite, bitten by
  animal NEC--see Wound, open
    rabid (mad dog) untreated 094
  chigger 137
  human--see Wound, open
  insect: (flea) (mosquito)--see In-
    jury, superficial
    poisonous 978
  snake--see Wound, open
    poisonous 978
  spider--see Injury, superficial
    poisonous 978
"Blackout" spells 782.5
Bleeding (hemorrhage) 467.3*
  bladder 606
  bronchus 783.1
  colon 578.1*
  gums 535
  intestine 578.1*
  kidney 789.4
  lung 783.1
  nose 783.0
  rectum 578.1*
  stomach 784.5
  ureter 603.1
  vagina, vaginal 637.2
  other sites--see Vol II under
    Hemorrhage
Blind, blindness (legal) (partial)
  (spot) (any degree or type)--see
  Manual, Section VI, B
Blister--see Injury, superficial
  NEC and not due to injury 716
  blood--see Hematoma*
  fever 096.0

Blood--see also Appendix III, 299
  blister--see Hematoma*
  "coughing up" 783.1
  count, low 299*
  in urine 789.4
  "low" NEC 299*
  mole NEC 228*
  "tumor"--see Hematoma*
  vomiting 784.5
Boils--see Vol. II
  ear 390*
Bowleg (genu varum) X84
Brain damage or injury NEC
  due to accident 856
  from birth, -3 mos, infant
    760.0*
    with immaturity 760.5*
    3 mos+, residual not specified
      X99.X
  not from birth NOS, NEC 355
Breakdown, nervous 327*
Breaking out (skin) 788.2--see
    also Rash
Breathing difficulty NOS 783.2
Bright's disease--see Nephritis
"Broken"
  arches, 3 mos+ X82
    -3 mos, due to injury 825*
  bone (in back, leg, arm, etc.)--
    see Fracture
  teeth, tooth
    -3 mos, cause unknown 535*
      due to injury NEC 873*
    3 mos+ X92
  veins, NOS or specified site 467.2*
Bronchiectasis (with bronchitis, 3
    mos+) 526*
  with asthma 241*; code 526 also
  allergic 241*
Bronchitis 501*
  with asthma: code 241* and the
    bronchitis
  allergic (with asthma) 241*
  -3 mos (with cold) 500*
  3 mos+ (chronic) 502.1*
    with
      bronchiectasis 526*
      emphysema 502.0*
Bruise--see Contusion
"Bumps" (any site) 797*
Bunion (with resulting deformity):
    code 740 only

BURN (acid) (hot liquid or object)
        (fire) (steam) (X-ray) 949
        --see also Vol. II
    Note: Code sunburn, any site, to
    981.4. Code electric burn to 992.
    Consult Vol. II for burn of multi-
    ple sites not listed below.
        arm(s) 943
          with hands 943
        back 942
        chest 942
        eye(s) only 940
        face (and eye(s)) 941
        finger(s) (and hand(s)) 944
        foot, feet 945
        hand(s) not involving arm(s) 944
          with arms 943
        head (and face) (and neck) (and
              eye) 941
        hip 942
        leg(s), any part 945
        neck (and face) 941
        trunk 942
        wrist(s) and hand(s) not involving
            arm(s) 944
Bursitis 741
  occupational 742

                   - C -

Calcification NEC, limbs, back, trunk 738*
Callus (infected) 709
Cancer--see Neoplasm, malignant, Vol. II
    multiple sites--see App. III, 140-
        239
Cast in eye 384--see also Manual, Section
    VI, B
Cataract NEC 385*
        see also Manual, Section VI, B.
Cerebral palsy (with any type of
    paralysis) X50
    since birth X50.X
CVA (cerebrovascular accident) 331
        see also App. III, 330-334
Cervical rib (congenital) X89.X
Chickenpox (with cold) 087*
Childbirth (mother)--see Delivery
Chills 788X*
Cholesterol (high) (abnormal) 788X*
"Circulation, poor" 467.4*
  with arteriosclerosis 450.0*
Clawfoot X83

Cleft palate (congenital) (speech
        defect) X91.X
Clot (blood) 466*
  brain 332--see also App. III,
        330-334, 352
    extremity (any) (leg) (arm) 466
    artery 454
    heart (artery) 420.1--see also App.
        III, 420
    lung 465
    other sites--see Vol. II, under
        Thrombosis
Clubfoot X83
  since birth, or congenital X83.X
Cold (head) (acute) (virus) ("on
        stomach") ("in eye") (with
        diarrhea or upset stomach)
        (with cough) (with teething)
        470*--see also App. III, 470-475
  with:
        bronchitis, acute 500*
        chickenpox 087*
        earache 394*
        ear infection, acute 391.0*
        "flu," grippe, or influenza--code
              as for flu, grippe, influ-
              enza--see Grippe
        german measles 086*
        laryngitis, acute 475*
        mastoiditis--acute 393.0*
        measles 085.0*
          with pneumonia 085.1*
        pneumonia--NOS 493*
        sinus (infection), acute 475*
        sore throat, acute 475*
        strep throat 051*
        tonsillitis, acute 475*
        whooping cough 056.0*
          with pneumonia 056.1*
    allergic 240*
    bronchial, acute 500
    chest, acute 474*
      chronic 502.1
    chronic 512.1
    head and chest, acute 475*
Cold sore (fever blister) 096.0
Colostomy (bag) X98
Concussion (brain) 852*
  liver 864*; lung 861*
Congestion
    chest NEC 527.2*
    nose (head) NEC 517*
Constipation 573.0
    due to nerves 316.3*

Contracture--see also Vol. II.
  muscles and tendons of limbs,
  back, trunk, 3 mos+: see De-
  formity, by site*
CONTUSION (skin surface intact) 929
  Note: Consult Vol. II for other and
  multiple sites not listed below.
  ankle(s) (and leg(s)) 927
  arm(s) 929
    lower 924
    upper (and shoulder) 923
  back 922
  ear 920
  elbow 924
  eye(s) any parts 921
  face 920
  feet, foot (and toe(s)) 928
  finger(s) (nail(s)) 926
  forearm(s) 924
  forehead 920
  hand(s) except finger(s) only 925
  head (and any other site) 851
  hip 927
  knee(s) 927
  leg(s) except foot 927
  rib(s) 922
  scalp (and any other site) 851
  toe(s) (nail(s)) (and foot, feet)
      928
Convulsions, cause unknown, -3 mos
      780.2*
  3 mos+ (chronic) (repeated) 353.3*
Corns 709
"Coronary" conditions (clot, obstruc-
      tion, thrombosis, etc.) (with
      conditions in 420.2, 422, 433,
      434, 440-447, or 450) 420.1
Cough (chronic) (cigarette) (nerv-
      ous) 783.3
  with:
    bronchitis--code bronchitis only
    cold (head), acute 470*
Coxa valga and vara X85
Cradle cap (seborrheic dermatitis) 700
Cramps, cramping
  menstrual 634
  muscles of limbs, -3 mos 787.1*
    3 mos+--see ORTH IMP
  stomach or intestines 785.5
"Crick" in--see Pain, by site

Cripple, crippled NOS (see also De-
      formity, by site) X99
Cross eye (strabismus) 384--see
      also Manual, Section VI, B
Croup 474
  chronic 516
"Crushed" (severe) NEC--see Injury,
      other*
  with:
    fracture--see Fracture
    open wound--see Wound, open
  bone--see Fracture
  internal organ--see Injury, inter-
      nal
Curvature of spine X80
  with heart disease in 434 due to
      the curvature: code 434.0
      and X80 also
    with hypertension: code 443 and
      X80.
Cut--see Wound, open
Cyst--see Vol. II, pp. 91-94
  site unspecified 795.0*
  breast 620
  multiple sites--see App. III,
      140-239
  ovary 216
  pilonidal (infected) 221
  spine NEC 733
Cystic fibrosis (pancreas) (lung)
      587.2
Cystitis 605
Cystocele (female) 631

- D -

Deaf, deafness--see also Manual,
      Section VI, C.
  -3 mos, code to cause only
    cause unknown 396.1*
  3 mos+ X09
    severe or serious X07
    total X06
      without speech X06
Deafmutism (deaf and dumb) X06
Decayed tooth, teeth 530.0

DEFORMED, DEFORMITY NEC   X99
   ankle(s)   X84
   arm(s)   X88
   back NEC   X80
   bone NEC   X99
   breast bone   X89
   chest   X89
   chin (disfiguring)   X90
   cranium   X93
   ear(s)   X90
   elbow(s)   X88
   face   X90
   finger(s) (and thumb(s))   X87
   foot, feet   X84
     clubfoot   X83
     flatfoot   X82
   forearm   X88
   forehead   X90
   hand(s)   X88
   head   X93
   heel(s)   X84
   hip(s)   X85
     congenital dislocation   X85.X
   jaw   X92
   joint NEC   X99
   knee(s)   X84
   leg(s)   X84
   limb, back, trunk--see also Manual,
     Section VI, J.
   lip   X90
   lumbosacral joint   X80
   mouth (disfiguring)   X90
   neck (and shoulder)   X86
   nose   X90
   pelvis   X85
   postural NEC   X89
   rib(s)   X89
   shoulder(s) (and neck)   X86
   skull   X93
   spine NEC   X80
   sternum (breast bone)   X89
   teeth   X92
   thigh(s)   X84
   thumb(s) (and finger(s))   X87
   toe(s)   X84
   wrist(s)   X88

Delivery (childbirth) (normal) NEC
   660
   Cesarean, complication not speci-
     fied   661*
   complicated by
     breech presentation   674
     lacerations NEC   676
     long, difficult labor NEC   675
     other conditions--see Vol. II,
       pp 107-109
   followed by complications within
     2 months--see Puerperal con-
     ditions
Depressed, depression   327*
Dermatitis NOS   703.7--see also App.
   III,   701-703
   allergic   245*
     due to plant leaves (ivy, etc.)
       703.0*
     occupational   702.0*
   not allergic, due to:
     chemicals   703.4*
     occupational   702.4*
     cosmetics   703.6*
     detergents   703.4*
     occupational   702.4*
     drugs   703.3*
     occupational   702.3*
     dyes   703.6*
     occupational   702.6*
     metals   703.6*
     occupational   702.6*
     nylon   703.6*
     oils and greases   703.1*
     occupational   702.1*
     plant leaves (ivy, etc.)   703.0*
     occupational   702.0*
     wool   703.6*
     occupational   702.6*
     other substances, without allergy,
       see Vol. II, Dermatitis
Detachment of retina   386*--(see also
   Manual, Section VI, B)
Diabetes   260

Diarrhea (with enteritis)--code by age
  -4 wks. 764.0
    with immaturity 764.5
  4 wks. -2 yrs. 571.0
    chronic 572.3
  2 yrs+ 571.1*
    chronic 572.3
Diet problems (poor, too much, or
      too little, food) (with or
      without overweight or under-
      weight) (bad eating habits)
      (overeating)
  -1 yr (infants) 772.0
    with immaturity 772.5
  1 yr+ 286.5*
Difficulty in--see "Trouble (with)"
  breathing NOS 783.2
Digestion, poor 544.2
  due to nerves 316.2
Disability, special learning X14
"Disc" conditions (spinal) 735
  due to injury, any:
    -3 mos 839*
    3 mos+ 735.9*
Disease (of) (UNSPECIFIED TYPE)
  site unspecified 795.5
  back NEC, -3 mos 787.5*
    3 mos+--see ORTH IMP
  bladder 606
  blood 299
  bowel NOS 578.0*
  brain NEC 355
  brain and spinal cord NEC 355*
  breast NEC 621.2
  "bronchial"--code as for Bronchitis
  cardiorenal (hypertensive) 442
  cardiovascular (with arteriosclerosis)
    (with edema) 422.1*
  circulatory NOS 467.4*
  ear 396.1*
  eye 388*
    muscles 384*
  female 637.2*
  fibrocystic (pancreas) (lung) 587.2
  gallbladder 586.0*
    with gallstones 584
  genital organs
    female 637.2*
    male 617
  gland, site not specified, NEC
      796*--see also Manual,
      Section IV, M.

Disease (of) (UNSPECIFIED TYPE)--Con.
  heart NEC 434.4--(see also
      App III, 400-443, and
      Manual, Section IV, O)
    with:
      angina (and hypertension)
          (and arteriosclerosis)
          420.2
      arteriosclerosis 422.1*
        and hypertension 443*
          and coronary conditions
            420.1
      coronary conditions (and
        hypertension) (and
        arteriosclerosis) 420.1
      hypertension 443
      "allergic" NEC 245*
      "arterioslerotic" 420.0
        "hypertensive" 443
    asthmatic 434.2
    congenital NEC 754.5
    functional NEC 433.2*
    nervous, or due to nerves 315.2
    rheumatic--see Rheumatic heart
      disease
  intestine 578.0*
  kidney or renal 603.3*--(see also
      App III, 603)
    with:
      arteriosclerosis and hyperten-
          sion 446*
      and heart disease NEC 442*
  liver 583.0*
    due to alcohol (chronic) 581.1
    due to virus--see Hepatitis
  menopausal 635X
  menstrual 634
  mental, or nervous, NEC 327*
  prostate 612
  retina NEC 386*--see also Manual,
    Section VI, B
  sinus--see Sinusitis*
  skin 716
    allergic 245*
    due to nerves 317.3
  stomach 545.0*
    due to nerves 316.2
  thyroid 254.0*
    with:
      menopause: code both
      menstrual disorder: code both
    overactive 252.0
    underactive 253

Disease (of) (UNSPECIFIED TYPE)--Con.
  tonsils (and adenoids) (chronic)--**see
        Tonsillitis**
  womb 633
Disfigurement (facial) (chin) (ears) (lips)
      (mouth) (nose) (forehead) X90
Dislocation (displacement) 839*--see
        also App. III, 830-839, and
        Vol. II
  ankle 837
  "disc"--see "Disc"
  elbow 832
    3 mos+, effects NEC X73
  finger(s) 834
  hand 839
  hip 835
    chronic NEC X75
    congenital X85.X
  jaw 830
    chronic NEC X92
  shoulder 831
  wrist 833
Dizziness 780.6
  due to ear conditions: code ear
      condition specified
Double: (see also Vol. II)
  jointed: code by site under ORTH IMP
  vision 384*--see also Manual, Section
        VI, B
"Drooping eyelid" (congenital) 388*
Drop
  foot X43
  toe X45
  wrist X40
Dropsy--(see also Vol. II) 782.6
  abdomen 785.3
  kidney or renal 603.3*
Dry skin 710.1
Dwarfism, underheight, "stunted
        growth" X94
Dysentery NOS (see also Vol. II) 048

          - E -

Earache 394
  -3 mos with cold, acute 394*
Earwax 396.1*
Eczema 701--see also App. III,
      701-703
  allergic 245*
  not allergic, due to specified
        irritants, see Dermatitis,
          not allergic.
Emphysema 527.1
  with chronic bronchitis 502.0*

Endocarditis (valvular heart
        disease) (leaking heart)
        (with hypertension or
        arteriosclerosis) 421.4--
        see also App. III, 421,
        and Vol. II if specific
        valves or types are re-
        ported.
  with conditions in 420: code
        the endocarditis, and code
        also the condition in 420.
Enlarged
  glands NOS 782.7*
  heart 434.4--see also Disease,
        heart
  liver 785.1
  prostate 610
  tonsils 510.0*
    -3 mos 473*
Enuresis (child) (adult) 786.2*
  emotional or personality prob-
        lem 321.3*
Epilepsy NEC 353.3*--see also
        App. III, 353
  grand mal 353.1
  Jacksonian (focal) 353.3*
  mixed types 353.3
  petit mal 353.0
Eyesight--see Manual, Section VI, B
Eyestrain NEC 388*--see also Manual,
        Section VI, B

          - F -

Failure--see also Disease (of)
  heart NEC 434.4*--see also Dis-
        ease, heart
    congestive 434.1
  kidney or renal NEC 603.3*--see
        also Disease, Kidney
Fallen
  arches (with pain) X82
  stomach 545.1*
  uterus 631
  other organs--see Vol. II, under
        Prolapse
False labor, before delivery 648.3
Farsighted 380
Fibroid (tumor) (uterus) (cyst) 214
Fibroma, cervix or uterus 214
Fibrosis, cystic (pancreas) (lung)
        587.2

Flail joint--see ORTH IMP, by site
Flatfoot X82
"Flu"--see Grippe
"Flutter," heart 433.1*
  due to nerves 315.0*
Food poisoning NEC 149.2
FOREIGN BODY ("got something in")--
        see also Vol. II, and App. III,
        930-936
  with cuts, laceration--see Wound, open
  in body opening:
    ear 931
    eye, any part 930
    nose 932
    throat 933
Forgetfulness 780.8
  due to:
    arteriosclerosis (cerebral) 334
    old age, 65+ 794*
    stroke, 3 mos+: code 780.8 and
        334
FRACTURE NEC 829
  Note: For fracture of other and
  multiple sites, not listed below--
  see Vol. II
    ankle 824
    arm 818
      lower (forearm) 813
      upper 812
      both arms 819
    back NEC 805
    collar bone (clavicle) 810
    ear drum (due to injury) 872
      old (3 mos+) 396.9*
      not due to injury 396.0*
    elbow 812
    finger(s) 816
    foot 825 feet, both 828
    heel 825
    hip 820
    knee cap 822
    leg 827
      lower 823
      upper 821
      both legs 828
    rib(s) 807
    skull NEC 803
    spine NEC 805
    wrist 814
Frostbite 980.0

Fungus infection NEC 134.5
  ear (outer) 131
  skin (any part) 131

- G -

Gallbladder trouble 586.0*
Gallstones 584
Gas (intestinal) (flatulence)
      (pains) 573.3*
  "around heart" 544.2*
  on stomach 544.2*
Gastritis (acute) (chronic) (see
      also Vol. II) 543
Gigantism X95
Glaucoma 387*--see also Manual,
      Section VI, B.
Goiter 250--(see also Vol. II)
Grippe or Influenza (virus) (with
      cold) 481--(see also Vol II)
  with:
    digestive symptoms, but no
        respiratory symptoms 482
    pneumonia (any form) 480
Growth, precancerous, skin NEC 711
  NOS--see Vol. II

- H -

Hallux valgus or varus X84
Hammer toe X84
"Hard of hearing" see Hearing
Hardening of arteries--see Arterio-
      sclerosis
  "of heart" 420.1*
Harelip (congenital) X91.X
Hay fever (allergic) 240
  with asthma (bronchial) 241
Headache 791
  due to
    eyestrain 388*
    nerves 791
  migraine 354
  "sick" 354
Hearing, impaired--see also Manual,
      Section VI, C.
  -3 mos: code to cause only
    cause unknown 396.1*
  3 mos+ X09
    severe or serious X07
    totally deaf X06
      without speech X06
Heartburn 544.2*

Hematoma NOS, NEC   467.3*
  due to:
    injury NEC--see Contusion
    specified injury--see Injury, specified
    specified site not due to injury--code
        under Hemorrhage, by site
Hemiparesis, 3 mos+ X53
Hemiplegia, hemiplegic, 3 mos+ X47
Hemorrhage--see Bleeding
Hemorrhoids (piles) 461
Hepatitis NOS (infectious) (virus)
      (acute) (chronic) 092*
Hernia (inguinal, femoral, esophagus,
      umbilical, ventral, navel, groin,
      testicles, NEC) 560*
  with obstruction or strangulation
      561*
  due to injury NEC, heavy lifting
        or strain:
    -3 mos 848*
    3 mos+ 560.9*
      with obstruction or strangulation 561.9*
High blood pressure--see Hyperten-
      sion
Hives (allergic) (any substance)
      (giant) (with itching) 245*
Hoarseness
  -3 mos 783.5*
  3 mos+ X11
Hormone deficiency 277*
Hydrocephalus X93
  congenital X93.X
Hypertension (with arteriosclerosis)
      444;--see also App. III,
      440-447
  with:
    angina 420.2
    arteriosclerosis, brain 334
    cerebral hemorrhage (with
          arteriosclerosis) 331
    coronary conditions (with angina)
          420.1
    heart disease (with arterioscle-
          rosis) 443
    kidney disease NEC--see Disease,
          kidney
    nephritis--see Nephritis
    "stroke" (with arteriosclerosis)
          334; see also App. III,
          330-334, and 352

- I -

Impetigo 695
Incoordination (muscular)
  -3 mos 780.5*
  3 mos+: code to Partial
        Paralysis, by site
Indigestion 544.2
  acid 544.0
  nervous 316.2
Infection--(see also Vol. II)
  site unspecified 795.0*
  bladder 605
  chest NEC 527.2*
  ear (middle) 391.2
    -3 mos (with cold) 391.0
    3 mos+ 391.1
  fungus (outer) 131
  outer 390
  finger (nail) 691
  gallbladder 585
    with gallstones 584
  gland, NOS (lymph) (in groin)
      (under arm) (neck) 468.2*
    -3 mos 694*
    3 mos+ 468.0*
  gum (gingivitis) 532.0*
  intestine--code as for Diarrhea*
  kidney 600.2
    and bladder 600.0
    with kidney stone: code
      602 only
  leg NEC 698*
  liver--see Hepatitis*
  nerves--see Neuritis
  respiratory NEC 527.2
    -3 mos (acute) (upper) 475*
    upper 3 mos+ 512.1
  skin NEC 698
  "stomach" 543*
  throat NEC 472.0*
    chronic 512.0
  toe (nail) 691*
  tonsil 473* See also Manual Sec. III,E,2
    chronic 510.0
  tooth 532.3
  urethra 609
    and bladder 607
  virus NEC 097*
Inflammation, liver--see Hepatitis*
Influenza--see Grippe

Ingrown nail 712
  infected 691*
INJURY, HEAD AND EYE, NEC
  brain 856
  eye 921
  head 856
  scalp 856
INJURY, INTERNAL, NEC 869
  heart 861
  liver 864
  lungs 861
  stomach 863
INJURY, NERVES NEC 959
  acoustic (auditory) 951
  arm (upper) 952*
    lower 953
  finger 954
  foot, feet 957
  forearm 953
  leg (upper) 955*
    lower 956
  optic 950
  spinal NEC 959
    cord 958
INJURY, SUPERFICIAL (abrasion) (blis-
      ter) (scratch) (bites of non-
      poisonous insects)--(see also
      Vol. II) 918
  ankle 916
  arm 918
    lower 913
    upper 912
  elbow 913
  eye, eyelid 910
  face (and neck) 910
  finger(s) 915
  foot, feet (and toes) 917
  hand(s), except finger(s) only
        914
  leg(s) except foot, feet 916
  shoulder (and upper arm) 912
INJURY, UNSPECIFIED, OR ILL-DEFINED
      NATURE, NEC 996.X*
Note: Code injury 3 mos+, no effects
specified, of any site coded to
996.X-996.8, -to 996.9*; see also App.
III, 996.
    ankle(s) 996.7
    arm(s) 996.8
      lower 996.3
      upper 996.2
    back 996.1

INJURY, UNSPECIFIED, OR ILL-DEFINED
      NATURE, NEC 996.X*--continued
  eye, any part 921
  face (and neck) 996.0
  feet, foot 996.7
  finger(s) 996.5
  hand(s) except fingers only
        996.4
  hip (and thigh) 996.6
  knee(s) 996.7
  leg(s) 996.7
  multiple sites in 996 NEC: code
        996.8
  neck 996.0
  rib(s) 996.1
  spine NEC 996.1*
  thigh (and hip) 996.6
  trunk, external sites 996.1
Insomnia 780.7
  due to nerves 327
Instability, joint (chronic)--see
      ORTH IMP, by site
Irritability, colon or bowel 573.2*
Irritation, skin NEC 698
Itching (skin) (pruritus) 708.5
  any site, due to:
    allergy 245*
    nerves 317.2
  anus (rectum) 708.0
  eyes 388
  genital organs 708.1
  other sites 708.5

- J -

Jaundice (yellow) 785.2
  infants, - 28 days, cause NEC
        773.0
    with immaturity 773.5
  obstructive 586.1*
"Jerks", jerking--see App. III, 780.4*
Jungle rot 131

- K -

Keloid (scar) 710.4
"Kernel" (armpit or groin) 782.7*
Knock knee (genu valgum) X84
"Knots" (any site) 797*
Kyphosis X80--see also Curvature,
      spine

- L -

Laceration--see Wound, open
"Lazy"
  eye (muscle) 384
  liver 583.0*
"Leaking heart" NEC 421.4--see
      also Endocarditis
"Light hurts eyes" (photophobia)
      388*
Limitation, motion, 3 mos+, NEC X79
"Limps", limping, NOS 3 mos+ X79
  -3 mos 787.7*
Locked knee, 3 mos+ X76
Loss, lost
  appetite 544.2*
    due to nerves 316.3
  equilibrium (sense) 781.7*
    3 mos+ X13
  extremity--see Absence; by site*
  hearing--see Hearing
  memory 780.8*--see Forgetfulness
  mind 309
  organ or part--see Absence; see also
      Manual, Section VI, G.
  sensation NEC--see Numbness
  sense, smell, or taste, -3 mos
      367*
    3 mos+ X12
  teeth or tooth NEC, -3 mos 535*
    3 mos+ X92
  vision--see Vision
  voice -3 mos 783.5*;
    3 mos+ X11
  weight--see Underweight
Low
  "blood (count)" NEC 299*
    pressure 467.0
    sugar 270*
  gammaglobulin 299*
  metabolism 788.X*
  thyroid 253
"Lumbago", so stated 726.0
"Lumps" (any site) 797*
Lymphadenitis or lymph gland disorder
      NEC--see Infection, gland
      (lymph)*

- M -

Malnutrition--see Diet problems
Malocclusion X92
"Mangled" or "Mashed" NEC--see
      Injury, unspecified
"Mass"-any site, cause unknown 797*
Mastitis (breast) (acute) 621.0
  chronic 620
  cystic 620
  puerperal, or any part of
      nursing period 689
Measles (with cold) (red) (black) 085.0*
  with pneumonia 085.1*
  German (with cold) 086*
  three-day 086*
Menopause, menopausal symptoms NEC 635
  with:
    migraine: code 635 and 354
    nervous symptoms NEC: code 635 only
    psychosis: code 302 only
Menstrual conditions (with headache)
      (with backache) (with cramps)
      634
Mental
  deficiency or retardation X19--
      see also App. III, 325
    mild X18
    moderate X17
    severe X16
  "deterioration"--code as for Psy-
      chosis
  disorder, ill-defined 327*
      see also App. III, 327*
Microcephaly (congenital) X93.X
Midget X94
Migraine (headache) (due to nerves
      or allergy) 354*
  with:
    menopause: code 354 and 635
    sinus conditions: code 354 and the
      sinus condition
    visual or hearing disorder: code
      354 only
Miscarriage (abortion) 650.0--(see
      also Vol. II)
  at 7 months or more, code as De-
      livery
"Missing"--see Absence, by site
Mongolian (idiot) (Mongolism) X15X
Morning sickness (pregnancy) 648.4*
  abnormal (persistent) 642.4
  "normal"--don't code

Mumps 089
Murmur, heart (functional), cause
        unspecified 435*
   since birth 754.5*
Myalgia (pain in muscle) (acute)
        787.1*
   -3 mos
      back 787.5*
      limbs 787.1*
      multiple sites in 787: code
              787.7*
      neck 787.6*
      rib or "side" 787.7*
      site unspecified 787.1*
   3 mos+: code as ORTH IMP, by
           site
Myocarditis 422.2
   with arteriosclerosis 422.1
      and hypertension 443
      hypertension 443
Myopia 380

        - N -

Narcolepsy 355*
Nausea 544.2*
   "nervous", "due to nerves" 316.2
   pregnancy, minor complaint
        648.4*
   "normal"--do not code
Nearsighted 380
Nephritis (with hypertension) 593
   -3 mos (with edema, -3 mos)
        (with hypertension, -3 mos)
        590*
   3 mos+ (with hypertension) 592*
      with arteriosclerosis 446*
      with heart disease 442*
Nerves, nervous, nervousness ("bad")
        (breakdown) (exhaustion)
        (collapse) (disorder) (shock)
        (depression) (tension) (weak-
        ness) (worry) -ill-defined,
        NEC 327*--see also App. III,
        327
   with anxiety NEC 310
   colon 316.1
   constipation 316.3*
   cough 783.3
   diarrhea 316.1

Nerves, nervousness, etc.--(continued)
   due to:
      arteriosclerosis, (brain) (or
              any in 330-334) 327*:
              code also condition in
              330-334
      epilepsy: code 327* and epi-
              lepsy, by type
      menopause 635: code menopause
              only
      old age, 65+: code 794* only
   headache 791
   heart 315.2
      murmur 315.0
      rapid 315.0
   indigestion 316.2
   itching 317.2
   rash 317.3
   skin trouble 317.3
   spasm see Spasm
   stomach 316.2
   tic or twitching--see 780.4*, App. III
   vomiting (frequent) 316.2
Neuralgia, Neuritis 366
   back 366
   extremity, upper, any part(s) (and
           shoulder) 362*
   extremity, lower, any part(s) (and
           hip) 363*
   face NEC 361*; code separately,
           if with other sites also
   heart NEC 434.4*
   hip 363*
   leg 363*
   multiple sites NEC 364* see also
           App. III, 361-364
   sciatic 363
   shoulder 362*
Node, nodule, cause and type unknown 797*
   thyroid (non-toxic) 251
Nosebleed (epistaxis) 783.0
Numbness (no feeling) (any site)
   -3 mos 781.7*
   3 mos+ X13

        - O -

Obesity,--see Overweight
Old age (senility) (with forgetful-
        ness) (with nervousness)
        794*, persons 65+
   with psychosis 304
"Open leg" 3 mos+ 715*
   -3 mos 698

PAIN--(continued)
  multiple sites in 787 (with swelling)
      (with stiffness) 787.7*
  muscle NOS 787.1*
  neck (muscles) 787.6*
  rectum 785.5*
  rib 787.7*
  shoulder 787.3*
  "side" 787.7*
  stomach 785.5*
  tongue 367*
Palpitation, heart 433.1*
  due to nerves 315.0
Palsy--see Paralysis, partial, by
      site; see also Manual, Section VI, H.
  Bell's, 3 mos+,. X60
  "cerebral" (with other types of
      paralysis) X50
    since birth X50.X
  "shaking" (Parkinson's) 350
Paralysis agitans (Parkinson's disease)
      350
  with arteriosclerosis (cerebral or not)
      350
PARALYSIS (RESIDUAL)--see also Manual, Section
      VI, H, for multiple sites and types
  -3 mos: code cause only, if known
    cause unknown:
      one arm, leg, hand, or foot 787.0*
        2 or more members 334*
      face 360*
      other sites 334*
  3 mos+ (complete) (permanent)
    Note: Code paralysis of 3 or
    more major members) or entire
    body to X48. For paralytic weak-
    ness and lesser paralytic resid-
    uals, see Paralysis, Partial, below.
    site unspecified X49
    anus (sphincter) X61
      with paralysis, legs X46
    arm, one, except fingers only
        X40
      both arms X41
    bladder X61
      with paralysis, legs X46
    Erb's (arm) X40
    face X60
    feet (and legs) X44
    finger(s) only X42
    foot X43
    hand, one X40
      both hands, X41

PARALYSIS (RESIDUAL)--(continued
  3 mos+--(continued)
    Klumpke's (forearm) X40
    larynx or vocal cord X69
      with speech impaired X11
    leg, one, except toes only X43
      both legs X44
        with bladder or anal
              sphincter X46
    "side," upper and lower (left
        or right) X47
    shoulder X49
    spine NOS X49
    throat or tongue X69
      with speech impaired X11
    toe(s) only X45
    trunk NEC X49
      with both legs X44
    vocal cord X69
PARALYSIS, PARTIAL--see also
      Manual, Section VI, H.
  3 mos+:
    Note: Code partial paralysis
    of 3 or more major members,
    or entire body, to X54.
    site unspecified X59
    anus (sphincter) X61
    arm(s) (and finger(s)) X51
    bladder X61
    face X60
    feet, foot X52
      and leg(s) X52
    finger(s) (and arm(s)) X51
    hand(s) (and arm(s)) X51
    larynx or vocal cord X69
      with speech involvement
            X11
    leg(s) (and feet) X52
    shoulder X54
    "side," upper and lower (left
        or right) X53
    spine NOS X54
    throat or tongue X69
      with speech impaired X11
    toe(s) X52
    trunk NEC X54
      and arm(s) and/or leg(s)
            X54
    vocal cord X69
      with speech involvement X11

Paraplegia, paraplegic (3 mos+)
      X44
   with bladder or anal sphincter
         involvement X46
Paresis--see Paralysis, partial,
      by site
Penicillin reaction (allergic)
   with current illness 998.2*
Perforated or punctured eardrum
      396.0*
Phlebitis 464
   lower extremities 463
Pigeon breast X89
Piles (hemorrhoids) 461
"Pinched" nerve (spinal) 368
   cranial (in head) 367
   due to:
      "disc" conditions--see "Disc"
      injury, -3 mos, see Injury,
         nerve
Pink eye 370
Pleurisy NEC 519.0
   with pneumonia NEC 493*
Pneumonia--see also Vol. II
   ages 4 wks+ (broncho-, lobar-)
      (with pleurisy) any onset
      493*--see also App. III,
      490-493
      virus 492
Poison ivy, oak, sumac, other plants
      (allergic) 703.0
   occupational 702.0
Poisoning--see also Vol. II.
   affecting skin only, by contact with
      irritating substances, causing
      rashes, eczema, dermatitis, and
      the like: code as for Dermatitis.
      See also App. III, above 806.
   animal or insect 978
   carbon monoxide 968
   food NEC (bacterial) 049.2
      naturally toxic (toadstool)
         960
   lead 966
   snake 978
   sun: code as for Sunburn

Poliomyelitis (acute) 080.3
   active 080.3
      bulbar 080.0
      nonparalytic 080.2
      paralytic, acute 080.1
   inactive or old, 3 mos+
      with paralysis--see Paralysis
      other defects or deformities--
         see type specified
Posture, poor NEC X89
Pregnancy--see also Vol. II.
   before delivery:
      "normal"--do not code
      with:
         anemia, arising in pregnancy
            646
         hemorrhage 644
         hypertension, arising in preg-
            nancy 642.0
         minor complaints (headaches,
            backaches, frequent
            urination) 648.4*
         varicose veins 648.3
         vomiting (mild) 648.4*
            pernicious 642.4
      with delivery: code Delivery
         only
Prickly heat 714.0
Psychosis, psychotic reaction NEC
      309
   due to physical causes--see App.
      III, 300-309.
Puerperal conditions, within 2
      months after delivery--see
      also Vol. II.
   with delivery--code delivery
      only
   hemorrhage following delivery,
      new admission: 688.3
   infection 681
      breast, any time during nursing
         period 689
   minor complaints (headache, back-
      ache) 688.4*
Pus--code as for Infection
   in urine 789.2
Pylorospasm 544.1*
   due to nerves 316.2*
Pyorrhea 532.1

- Q -

Quadriplegia, 3 mos+ X48

- R -

Rapid heart 433.1*
  due to nerves 315.0
Rash (skin) 788.2
  diaper 703.6
  due to:
    allergy 245*
    heat 714.0
    "nerves" 317.3
    substances--see Dermatitis
  eyelids, eyes 388
Retrolental fibroplasia (see also
    Manual, Section VI, B)
  -1 yr. (with prematurity) 777.5*
    full term 777.0*
  1 yr.+ 386*
Rheumatic fever: see also App. III,
    400-416
  without rheumatic heart:
    with 1 or more bed-days, past
      year 400*
    with no bed-days, past year 403*
  with rheumatic heart:
    onset -3 mos. 401.3*
    onset 3 mos+ 416*
Rheumatic heart disease:
  onset -3 mos 401.3*
  onset 3 mos+ 416*
Rheumatism (chronic) (any site)
    (inflammatory NEC*) 727
  muscular (any site) 726.3*
Ringing in ears 396.1*
Ringworm 131
"Rising" in ear--see Infection, ear
Rose fever 240
"Running ear"--see Infection, ear
"Rupture", ruptured, meaning Hernia
    --see Hernia
  disc--see "Disc"
  ligaments or tendons--see Sprain,
    Strain
  other sites--see Vol. II, under
    Rupture

- S -

Scar (painful) (tender) (contracting)
  eardrums 396.0*
  facial disfigurement (chin, ears,
      face, lips, mouth, nose)
      X90
  keloid, any site 710.4
  limbs, neck, back, trunk, external,-
    code as for Deformity of those
    sites
Sciatica 363
Scoliosis X80 (see also Curvature)
Scratch--see Injury, superficial
Seizures--see Convulsions
Senile, senility--see App. III, 794*
Sensitive--code as for "Trouble"
  scar--see Scar
Shingles 088
Shock 782X*
  "nervous" or mental 327*
  paralytic--see "Stroke"
Shortened leg, arm--see Deformity,
    by site*
Shortness of breath 783.2
Sinusitis
  with or due to deviated septum:
      code 514 only*
  acute 471*
    with cold, acute 475*
  allergic 240
  chronic 513
Skin
  "adolescent" NEC 716
  "irritation" NEC 698
"Skinned"--see Injury, superficial
Sore, soreness
  eye (infection) 379
  indicating infection--see Infection
  muscles--code as for Pain, by site*
  "open" or "running", NOS, 3 mos+ 715*
    -3 mos--see Infection
  throat (acute) 472.0
    with cold 475*
    chronic 512.0

Spasm(s) (muscles)--see also App.
    III, 780.4 and 787; Manual,
    Section VI, H,3, and I; and
    Vol. II.
  colon 573.2
    due to "nerves" 316.1
  eyelid 780.4*
  face 780.4*
  heart NEC 434.4*
  limbs, back, trunk, NEC,: code as
    for "Trouble" of those sites
  pylorus 544.1*
  stomach 544.1*
    due to "nerves" 316.2
"Spastic" (muscles)
  since birth: code as for
      Cerebral Palsy
  not since birth:
    unspecified site, or of the
      limbs, back, trunk: code
      as for Palsy
  colon--see Spasm, colon
  stomach--see Spasm, stomach
Speech defect
  with cleft palate X91.X
  -3 mos 781.6*
  3 mos+ NEC X11
    stammering, stuttering
      -3 mos 781.5*
      3 mos+ X10
Spina bifida (congenital) X81.X
"Spots on skin" NEC 716*
SPRAIN, STRAIN (muscles) (tendons)
    848 (see also App. III, 840-
    848)
  ankle (and foot) 845
  arm (upper) 840
    lower 841
  back or spine NEC 847
    chronic NEC X70
    sacro-iliac or lower 846
      chronic NEC X70
  finger 842
  hand 842
  heart (muscles)--see Disease,
      heart
  hip (and thigh) 843
  knee (and leg) 844
    chronic NEC X76
  leg 844
    chronic NEC X76
    upper (thigh) 843
  neck 847
    chronic NEC X71

SPRAIN, STRAIN etc.--(continued)
  sacro-iliac 846
    chronic NEC X70
  shoulder (and upper arm) 840
  thigh 843
  wrist 842
Sprengel's deformity X86
Stammering 3 mos+ X10
  -3 mos 781.5*
STIFFNESS, -3 mos
  Note: For Stiffness ("rigid")
  (joint) (muscle), 3 mos+, see ORTH
  IMP, by site. If described as
  "permanent"--see Deformity, by site.
  back 787.5*
  jaw 787.7*
  joints of limb(s) 787.3*
  limbs 787.1*
  neck 787.6*
Sting, bee or wasp (poisonous) 978
  other, nonpoisonous,--see Injury,
      superficial
Stone (calculus)
  bladder 604
  gallbladder 584
  kidney 602
  ureter 602
Strabismus (cross eye) 384
Strep throat (with cold) 051*
"Stroke" (with hypertension) (with
    arteriosclerosis) 334*
  with residuals and/or other dis-
    eases--see App. III, 330-
    334, and 352, and Section VI,
    H of Manual
Stuttering, 3 mos+ X10
  -3 mos 781.5*
Sty 372
Sun poisoning 981.4
  allergic 245
Sunburn 981.4
Sunstroke 981.1
Swelling, swollen-site unspecified 788X
  any site, allergic, due to allergy 245*
  Note: For swelling, 3 mos+, NEC,
  of joints, and limbs--see ORTH
  IMP, by site.
  abdomen 785.0
  glands (lymph) 782.7
  joint(s), of limb(s) -3 mos 787.4*
  limb(s) -3 mos 787.2*
  stomach 785.0*

- T -

Tear, torn
    cartilage--see also Sprain, strain
      knee (semilunar) 844*
    flesh NEC--see Wound, open
    internal organ--see Injury, in-
        ternal
    ligament--see Sprain, strain
    muscle--see Sprain, strain
    tendon--see Sprain, strain
Teething 533.1
    with cold, acute 470*
    wisdom tooth NEC 533.1*
Tension (nervous) 327*
"Tetter" 716
Thrombosis (see also Vol. II)
    brain or cerebral 332
    coronary or heart (with hyperten-
        sion) (with arteriosclero-
        sis) 420.1
    leg 466
    lung 465
Tibial torsion X84
Tic (nervous) (facial) (eyelid)
        780.4*
    douloureux 361
"Tongue-tied" X11
Tonsillitis or tonsils "bad", "dis-
        eased": see also Manual,
        Section III, E, 2.
    -3 mos 473*
      with cold, acute 475*
    3 mos+ 510.0
Tooth, teeth, "bad", decayed 530.0
Toothache, cause not specified 534
Torticollis (contracture, neck)
    -3 mos 787.6*
    3 mos+ X86
Tremor, trembling (muscular)--see
        780.4*, App. III
    3 mos+, residual of stroke and
        other paralytic diseases:
        code to Partial Paralysis,
        by site
    "paralysis" (Parkinson's) 350
Trick knee X76

"Trouble"--see also Disease (of), by
        site
    -3 mos:
      back 787.5*
      hearing 396.1*
      joints of limbs 787.3*
      limbs 787.1*
      seeing 388*--see also Manual,
        Section VI, B
      speech 781.6*
      swallowing 539.0*
        due to nerves 316.3*
      walking 787.7*
    3 mos+:
      back, limbs, neck, trunk--see
        ORTH IMP by site
      hearing NEC X09
        severe NEC X07
        totally deaf X06
      seeing--see Manual, Section
        VI, B
      speech NEC X11
      swallowing 539.0*
        due to nerves 316.3*
      walking NEC X79
Tuberculosis 002*
    active (lung) 002*
      other sites--see Vol. II.
    arrested (pulmonary) 009*
Tumor--see Vol. II, under Neoplasm
        by site, and whether benign,
        malignant, or unspecified;
        see also App. III, 140-239.
    blood NEC--see Hematoma*
    vessel--see Hemangioma, Vol. II.
"Twitching"--see Tremor

- U -

Ulcer--see also Vol. II, under Ulcer
    duodenal 541.0
      perforating or "ruptured" 541.1
    gum 536*
    mouth 536
    nose 512.1*
    skin (chronic) NEC 715
    stomach (with hemorrhage) 540.0
      perforating or "ruptured" 540.1
    tooth 531.2
    varicose (leg) 460

Underactive thyroid 253
Underweight
   Note: At any age or onset, if due
   to specified cause (cancer) (malnu-
   trition) code cause only. See also
   286.5 and 788.4, App. III.
      -1 yr (infants) 773.0
       with immaturity 773.5
       feeding problem 772.0
        with immaturity 772.5
     1 yr+, onset -3 mos 788.4*
      onset 3 mos+:
        cause unknown X97.0
        due to eating habits 286.5*
        familial X97.Y
Upset
  "emotional" or "nervous" 327*
  intestinal 573.3
  stomach 544.2
   due to nerves 316.2
   with acidity 544.0*
Urination (difficult) (painful)
    786.0
  frequent 786.3
  scanty 786.5
  uncontrolled--see Enuresis
Urine, abnormal NEC 789.8
  albumin in 789.0*
  blood in 789.4
  cloudy, NEC 789.8
  pus in 789.2
  retention of 786.1
  sugar in 789.6

- V -

Vaccination reaction, sick 997
Varicose ulcer or veins (infected)
    (lower extremity) 460
  other sites--see Vol. II
  complicating pregnancy 648.3
  following childbirth, within 2
     months 682
"Virus" (infection) (with diarrhea)
    097*
  cold NOS 470
  grippe or influenza--see Grippe
  infection, throat 472.0*
  lung condition 527.2
  pneumonia NEC 492

Vision, "blurred", "half", "poor",
    "trouble with"--see Manual,
    Section VI, B
  "double," any onset, 384*--see
    also Manual, Section VI, B
Vomiting 544.2*
  blood 784.5
  frequent, pernicious 544.2
   in pregnancy (abnormal) 642.4
  "nervous," "due to nerves"
    316.2
  pregnancy (minor) 648.4*
   "normal"--do not code

- W -

Water on knee 738
Wax in ear 396.1*
Weak, weakness
   Note: For paralytic weakness, 3
   mos+, see Paralysis, partial. For
   weakness NEC, 3 mos+, of back,
   joints, limbs--see ORTH IMP
   site and type unspecified
    -1 yr 773.0
     with immaturity 773.5
    1 yr - 64 yrs 790.1
    65 yrs+ (old age) (with
      "nerves" NEC) 794*
  arches (chronic) X82
  back -3 mos 787.5*
  "bladder" or "kidney" 786.2*
   emotional or personality prob-
     lem 321.3*
  eyes NEC 388* see also Manual,
    Section VI, B
  eye muscles 384*--see also Manual,
    Section VI, B
  heart 434.4*
  joints -3 mos 787.3*
  limbs -3 mos 787.1*
  nerves 327*
Webbed fingers X87.X
Webbed toes X84.X
Weight abnormality (any) ages 1 yr+,
    onset -3 mos, 788.4*--see
    also Overweight or Underweight
Whiplash injury NEC (neck) 847
  3 mos+, effects NEC X71
Whooping cough (with cold) 056.0*
  with pneumonia 056.1*

WOUND, OPEN (CUT) (LACERATION) --<u>see</u>
    <u>also</u> Vol. II.
  abdominal regions, <u>external</u> 879
  arm, one only NEC 885
    lower (forearm) 881
    upper (and shoulder) 880
    <u>both</u> arms 900
  eye, eyelid 870
  face 873
  feet, <u>both</u> (any parts) 901
  finger(s) of one hand 884
    of both hands 903
  foot, except toe(s) only 893
  hand, one only 883
    <u>both</u> hands 903
  head 856
  knee, one 891
    both knees 901
  leg, except thigh 891
    <u>both</u> legs 901
  scalp 850
  thigh 890
  toe(s) of one foot 894
    of both feet 901

Note: The phrase "see OP NEC" means: look under the heading "Operation NEC"
       at the end of this Index of Operations for the code number for the site
       specified.

Abscess drained--see OP NEC
  lymph glands of any site 49
Adenoidectomy (with tonsillectomy) 50
Air injected into:
  brain or spinal cord 10   -
  peritoneum 6X
  pleural space, for collapsing lung 54
Amputation (see also "Removal")
  finger(s) and/or toe(s) 87
  other part(s) of arm(s), leg(s) 88
  all other sites--see OP NEC
Angiogram or arteriogram 10
  not for nervous system 32
Anoscopy 6X
Appendectomy NEC 64
  for appendicitis 64
  with hysterectomy 77
Aspiration--see OP NEC

Biopsy, any site--see OP NEC
Birthmark removed 82
Boil (on skin) lanced, drained 82
Bronchoscopy 59
Bursectomy 8X

Cataract operation 20
Cesarean birth, delivery (mother) 93
Circumcision 72
Cholecystectomy 69
Cleft palate operation 61
Colostomy 66
Curettage, uterus (with dilation) 78
Cyst operations NEC--see OP NEC
  pilonidal 81
Cystocele, operation for 79
Cystoscopy (for any disease) 71

D and C 78
Decompression, NEC XX
  cranial or skull 12
  spinal cord 13
  subtemporal 12
Delivery NOS 95
  breech 95
  Cesarean 93
  forceps 95
  normal or spontaneous 95
  other type, not Cesarean 95
Derangement, knee, any operation 85

Dilation and curettage, uterus
    (D and C) 78
"Disc," spinal, any operation 86
Dislocation, joint, NEC, procedures for
    84
  knee 85
  nose 52
  spine or vertebra 84
    disc 86
Diverticulitis, operation
    (intestines) 66
  other sites--see OP NEC
Drainage (with incision)--see OP NEC
  boils 82
  lymph glands (infected) any sites 49
Duodenectomy 63
  for ulcers 62

Encephalogram 10
Exploratory (abdominal) 6X

Fistula, operation for--see OP NEC
Foreign body, removed--see OP NEC
Fractures, procedure for NEC 83
  nose 52
  refractures 89
  skull 12

Gallstones, operation for 69
Goiter removed 01
Graft skin 80
"Growth," removed--see OP NEC

Harelip operation 61
Hemorrhoids operation 67
Hernia operation 65
Hysterectomy (with any other operation
    on female genito-urinary system) 77

Incision (and drainage)--see OP NEC
  boils (on skin) 82
  lymph glands or nodes, any site 49

Laminectomy 13
  for spinal "disc" 86
Laporotomy (exploratory) 6X
Ligation (tying) of veins 32
  varicose 31
Mastectomy (for removal of breast) 75

Mastoidectomy 26
Miles' resection 66
Moles (skin) removed 82
Myelogram 10
Myelography 10

Omentectomy 6X

Paracentesis, abdominal 6X
Pilonidal cyst operation 81
Pneumoencephalogram 10
Polyps removed--see OP NEC
Proctoscopy 66
Puncture--see OP NEC
   spinal 13
Pyelography 7X

Radium insertion--see OP NEC
Rectocele, operation for 79
Refracture of bones 89
Removal of ORGANS or MEMBERS
   for removal of organ or part not
      listed below--see OP NEC
   adenoids (and tonsils) 50
   appendix 64
   arm(s) 88
   artery (part) 32
   breast (complete or partial) 75
   cervix (see also uterus) 77
   feet, foot 88
   finger(s) 87
   gallbladder or gall ducts 69
   goiter 01
   hand(s) 88
   intestine (part) 66
   kidney 70
   leg(s) 88
   lung 54
   mastoid (cells) 26
   thyroid 01
   toe(s) 87
   tonsils (and adenoids) 50
   uterus (any part) see Hysterectomy
   veins 32
Repair--see OP NEC
   female genital organs 79
   hernia 65
Resection transurethral (for
   prostate) 73

Rupture, ruptured operation (meaning
      hernia) 65
   appendix 64
   cartilage, ligament of knee 85
   "disc," spinal 86
   other sites--see OP NEC

Scars (of skin) repaired 82
Sigmoidoscopy 66
Skin, operation NEC 82
   graft 80
Spinal, spine operations NOS, NEC 8X
   cord 13
   "disc," any operation 86
   dislocation, NEC 84
   fracture 83
   tap (for test) 13
Splenectomy 49
"Stitches" (sutures)--see OP NEC
   involving skin surface areas 82;
   see also App. II, categories 80-82
"Stones" removed--see OP NEC
Submucous resection 52

Tapping (drawing off fluid)
   site not specified XX
   specified sites--see OP NEC
   spinal (cord) 13
Thoracentesis 59
Thyroidectomy 01
Tonsil operation NEC 51
Tonsillectomy (with adenoidectomy) 50
Tumors removed--see OP NEC

Ulcers, operations for--see OP NEC
   duodenal or jejunal 62
   stomach 62

Varicose veins operations 31
Vein operations NEC 32
Ventriculography 10

Warts removed 82

OPERATION NEC XX

site not specified XX
abdomen, abdominal 6X
adrenal gland 09
ankle 8X
anus 6X
aorta 32
arm 8X
armpit (axilla) 8X
artery 32
back 8X
bile (gall) ducts or passage 69
bladder (urinary) 71
blood vessel 32
bone 89
  marrow 49
bowel 66
brain 11
  to examine brain 10
breast 76
bronchial (tubes) 59
bursa 8X
buttock 8X
cartilage 8X
  disc (vertebral) 86
  knee (derangement) 85
cecum 66
cerebrospinal 11
cervix 79
cheek 8X
chest 59
chin 8X
colon 66
conjunctiva 20
cornea 20
cranium 12
duodenum 63
ear, any part 25
elbow 8X
endocrine gland NEC 09
esophagus 6X
Eustachian tube (ear) 25
eye, any part 20
eyelid 20
face 8X
Fallopian tube 79
feet 8X
finger 8X
  nail 82
foot 8X
forearm 8X
forehead 8X
gallbladder 69
gall duct 69

OPERATION NEC XX

gastric 63
genital organ
  female NEC 79
  male NEC 74
gland NOS XX
groin 6X
gum 60
hand 8X
head 8X
heart 30
heel 8X
hip 8X
ileum 66
ilium 89
inguinal region 6X
intervertebral disc 86
intestine 66
jaw NEC 60
  bone NEC 89
joint 8X
jejunum 63
kidney 70
knee 8X
  derangement 85
larnyx 59
leg 8X
lip (with other sites
     of face NEC) 61
liver 68
lung 54
lymph gland, node, or
    vessel 49
marrow (bone) 49
mastoid 26
mouth 61
muscle 8X
myocardium 30
nail (finger or toe)
  82
nasal--see nose
nasopharynx 52
navel 82
neck 8X
nerve 14
  to treat mental or
    nervous dis-
    order 10
  block 10
  optic 20
nervous system NEC 14
nipple 76

OPERATION NEC XX

nose 52
  bone 52
  sinus 53
  skin of 82
nostril 52
omentum 6X
optic nerve 20
ovary 79
oviduct 79
palate (hard) (soft)
    61
pancreas 6X
parathyroid gland 09
parotid gland 61
pelvis NEC 6X
  bone 89
penis 74
pericardium 30
perineum 6X
pharynx 51
pineal gland 09
pituitary gland 09
pleura 54
prostate 73
pylorus 63
rectum 66
retina 20
rib NEC 89
salivary gland 61
scalp 8X
shoulder 8X
"side" NEC XX
sigmoid 66
sinus (nasal)
    (accessory) 53
skin NEC 82
  lip 61
  ear 25
  eyelid 20
skull 12
spinal cord NEC 13
spine NEC 8X
spleen 49
stomach 63
sweat gland 82
teeth 60
temple 8X
tendon NEC 8X
testicle 74
thigh 8X
thorax 59
throat NEC 51
thumb NEC 8X

OPERATION NEC XX

thymus gland 09
thyroid gland 02
toe 8X ·
  nail 82
tongue 61
tonsil NEC 51
tooth 60
trachea 59
ureter 7X
urethra 7X
urinary organ NEC 7X
uterus NEC 79
vagina 79
vein 32
  varicose 31
vertebra NEC 8X
vocal cords 59
vulva 79
windpipe 59
womb NEC 79
wrist NEC 8X