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National Health Survey

Medical Coding Manual and The Short Index

Revised July 1, 1963

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, 1963

No changes in Appendix I (X-Code for Special Impairments) and Appendix III (Modifications of the International Classification) have been made since July 1, 1961. Medical coders will continue to use those portions of the Medical Coding Manual and Short Index as issued under that date when the entire Manual and Short Index was rewritten. For fiscal year July 1, 1963-June 30, 1964, the Short Index and all pages of the Manual, except Appendix I and Appendix III, have been rewritten and brought up to date, and are attached hereto. The attached pages contain all changes and additions made in 1962-1963 and previous years which are still in effect, plus revisions made necessary by changes in the form and content of the current questionnaire (Form NHS-HIS-1, FY 1964).

Persons new to medical coding must be given a copy of the Manual as revised July 1, 1961, and also a set of the attached pages. Appendix I and Appendix III of the July 1, 1961 revision, added to the attached pages, constitute the Medical Coding Manual and Short Index effective for the year July 1, 1963-June 30, 1964.

The basic rules for determining the diagnostic and operative codes and for coding injuries, accidents, and hospitalizations are the same as they were last year. Many of the attached pages have been rewritten merely to make the instructions consistent with the column number changes in Table I of the current questionnaire. Others of these pages are the same as, or only slightly different from, the way they were as of July 1, 1962, but are reissued for the sake of convenience and to complete the package of pages revised after July 1, 1961.

II. Earlier Revisions

The first Medical Coding Manual (July 1, 1957) was completely re-written 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 listed 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.

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SHORT INDEX OF DISEASES, IMPAIRMENTS, INJURIES, AND OPERATIONS

A. The Health Interview Survey, of the National Health Survey

The Health Interview phase of the National Health Survey, begun July 1, 1957, is a continuing survey based on household interviews conducted by the Bureau of the Census. The survey is made on a sample basis. Approximately 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 population. The health of the nation may be evaluated in economic 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 particular 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 of the Medical Coding

Medical coders play a very important part in the success of the National Health Survey. They must translate into numerical symbols all of the information on the questionnaires 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 causeing the sickness or disability is derived from the International Classification of Diseases, (1955 revision) 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 modifications 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 Index but not in Volumn II of International, or is modified 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 supervisor.

E. Abbreviations and References — To save space in the Manual hereafter, and in the Short Index, abbreviations are used freely.

1. Organizations	HIS	Health Interview Survey
	NHS	National Health Survey
	PHS	Public Health Service
	WHO	World Health Organization
2. Certain classifications and references to them	ICD	International Classification of Diseases
	N-Code	Nature of Injury Classification of ICD
	E-Code	External Cause of Injury Classification of ICD; not used for NHS
	Y-Code	Supplementary Classifications of ICD; not used for NHS
	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 impairments. Various other spans of numbers are used for smaller groups, such as 440-447 (hypertensive diseases), 240-245 (allergic disorders) etc., etc.
3. Certain parts of the questionnaire and booklet	Col	Column
	Cols	Columns
	Table I	Contains facts about diagnoses, medical care, disability, dates first noticed, etc.
	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 C	The list of "symptoms" for which the interviewer asks the cause.
4. Time of onset of a condition	Onset	When a condition started
	-3 mos	Within past 3 months
	3 mos+	3 months ago or longer
	-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 person

ICD classifies certain diseases according to age of the 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 abbreviations in Manual and Short Index

NOS	Not otherwise specified, or so stated- in reference to a medical term.
NEC	Not elsewhere classified in a particular listing or some other place in the various classifications - in reference 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 under Orthopedic Impairment NEC.
OP	Operation: "see OP NEC" is a referral, in the Short Index, to the listing under Operation, NEC.

F. Training Preliminary to Coding

Persons new to medical coding should be given an extensive preview of the main classes of diseases and 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 IMPORTANCE OF KNOWING WHAT IS IN APPENDIX III CANNOT BE OVEREMPHASIZED.

F. Training Preliminary to Coding--Con.

1. ICD 3-digit categories

Review the listing on pp. 3-25, and 32-38, of Vol. 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 NHS.

2. Comparing the Tabular List, Vol. I, with Appendix III

The Tabular List begins on p. 43 of Vol. I. Note the explanations on p. 44. Read the explanatory notes for Appendix III. Next, compare each category listed in Appendix III with that category as listed in Vol. I, Tabular List, beginning with 002 and continuing through to 999, noting statements beginning "For NHS"..; these tell in what way the NHS method differs, or call attention to some provision that is especially important for NHS. This first reading is also intended 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 discussed in Appendix III. Note particularly, and memorize, or write out on a card, the following 4th digit subdivisions used by NHS but <u>not</u> 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 <u>thyroid</u>, <u>ear</u>, <u>stomach</u>, <u>intestine</u>, <u>liver</u>, <u>gall-bladder</u>, and <u>kidney</u> from better defined conditions in the same ICD category. For example, ICD classifies "thyroid disease or trouble" in the same category with "cyst of thyroid;" "thyroid trouble" is listed in the Short Index as 254.0; "cyst of thyroid" is not in the Short Index; Vol. II is consulted, and the number there is 254; if the coder uses 254x for "cyst of thyroid", she is in error; for NHS this number should be 254.1, since it is not classifiable to NHS 254.0.

F. Training Preliminary to Coding--Con.

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 Introduction to Vol. II, but omit all references to "late effects" because the NHS method of coding late effects is different from the ICD method; references to the E-Code and Y-Code may be read but neither of these codes are used by NHS. The asterisk and dagger, as used in Vol. II, should be understood, but these devices are intended to point up primary causes and secondary conditions and do not apply in NHS coding.

Attention is called to the special use of parantheses, a form that appears also in the Short Index.

Note that conditions combining with other conditions, into one code, appear first in a listing under the word with. This form is also used in the Short Index.

The paragraphs following "Neoplasms", p. xiii, will be helpful, as the Short Index refers the coder to Vol. II for all sites and types of tumors. The NHS 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 multiple, for here will be listed codes that may be used when two or more sites (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 NHS, 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 various 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 classifications 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

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, as shown in Tables I, II, and A and footnotes thereto. Coding of this kind is called "medical coding", and is done by clerks who have been given the special preliminary training. Medical coders also watch for and record certain interviewer 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. There are 4 types of such cards, as follows, but the medical coders are concerned only with 3 and 4:

1. Household Card
2. Person Card
3. Condition Card
4. Hospitalization Card

Processing after the preparation of these cards is beyond the scope of this Manual.

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 7, 8a, 9 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 supervisor, and if necessary to the NHS 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. Use of Colored Pencils

The MCC uses a special black pencil for filling the ovals on the cards. When entries are to be made by any of the medical coders on the questionnaire, a green, purple, or red pencil is used, as follows:

a. A green 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 certain errors made by the interviewers.

b. A purple 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, Injury, 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 checks it for accuracy and 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 red pencil is used to make all other entries on the questionnaire, including lining out conditions that are to be merged with other conditions.

C. Basic Steps

Step 1: General Checking

The medical coder, of any class, should first examine carefully all parts of the questionnaire. For editing hospitalizations, and "days", see Steps 5 and 6.

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 questionnaire 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 questionnaire are not to be changed. If a second or third questionnaire 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 questionnaire of a set, renumber in green pencil. If a person 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 condition. 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: It is important to know from what questionnaire item the diagnosis was derived. Edit Col (b) of table I or II to see that it contains the right question number that produced the diagnosis--usually 8-17. If the interviewer has entered a wrong number, correct it in green pencil.

If the conditions was reported only when special supplementary items were asked--such as 18-23 of the current questionnaire--delete the condition entirely in red pencil and do not code it in any way. If the condition was volunteered by the respondent and did not come from any question, or if it came from some routine question other than 8-17, write "XX" in red in Col (b) of tables I or II. If the conditions was first reported from questions 15-17, but was correctly carried back to table I by the interviewer, see that the question number in Col (b) of table I is the same as the number shown in Col (b) of table II.

The MCC will transcribe the correct question number from Col (b) of table I to Cols 13, 14 of the Condition Card. Effective July 1, 1963, the Hospital Card contains Col 13 for the question number from Col (b) of table II. The MCC will fill the appropriate oval according to whether this codable hospitalized condition in table II was derived from questions 15-17, or some other question.

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

d. "Dummy" Codes and Cards" These refer to "missed" conditions--i.e. conditions that the interviewer should have entered in tables I or II, but which are missing in those tables. 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.

1. Conditions missing from table I: If questions 8-14 show a condition that has not been carried through table I, but should have been, the MCQ and the MCC place a green check beside that condition and determine a 4-digit diagnostic code for it. The MCQ writes this code in green on the questionnaire beside the green check. The MCC enters this in Cols 16-19 of a Condition Card, and enters "00" in Cols 37, 38, fills also Cols 11-14, and fills the "DK" oval in Col. 15.

If table II shows a stay for an impairment or 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 will place a green check after this diagnosis in table II. The MCC enters this missed diagnosis in Cols 16-19 of a Condition Card, enters "OX" in Cols 37, 38, and fills also Cols 11-14. The question number must be the question number shown in table II, and the "yes" oval in Col 15 is to be filled.

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 8-14, code it in table I, if it is codable in table I.

C. Basic Steps--Con. Step 1--Con.--d. "Dummy" Codes and Cards--Con.

2. Conditions missing from table II: Watch for entries in questions 15-17, or other places, 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 explain why these hospital stays are not included in table II. If some explanation is found, refer to supervisor 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 green check beside the item in 15-17, 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. See also Step 5, for special checking for hospitalizations.

e. Inadequacy Codes: See B,b, of this Section. If a condition or a hospital 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. Data changed in the field: If the interviewer has made a wrong entry, and has changed it in the field, code the information as changed.

g. Table A: Note whether table A has been filled. See Section VII.

Step 2: Coding Whether Acute or Chronic; Conditions to be Deleted

a. Judge whether a condition in table I is acute or chronic according to instructions 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. Watch for conditions that can be lined out and not coded in any way, but be sure all specifications are met.

1. Acute conditions in table I with neither medical care nor cut-down of activity: If Col (c) is "no", and both Col (e) and Col (f-1) are checked, line the condition out in green pencil.

Effective July 1, 1962, if Col (c) is blank, DK, or NA, do not line out the condition. When filling Col 15 of the Condition Card (for whether or not a doctor was seen) the MCC will fill the "V" oval if Col (c) of the questionnaire is blank, or the "DK" oval in Col (c) is DK or NA.

2. Certain chronic conditions in table I, corrected by surgery prior to the past year, may be deleted, provided there is no present effect, and no present activity restriction or limitation in the past 2 weeks or in the past year, and with blank in Col (p). See Section IV for further details.

3. Watch for acute-type conditions, in table I, such as "swallowed poison", or "pneumonia", with no days of cut-down in past 2 weeks, which have been brought back by the interviewer from table II to table I, in error, with the question number in table I seen to be 15-17. Conditions of this type, 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 I; but consult supervisor first.

4. Conditions picked up from special supplementary items such as questions 18-23: delete. See also C, Step 1,c, of this Section.

5. Stays in table II for well newborn babies: line out in red pencil. Do not 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 interviewers 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 (k-3), but entering "2", acute, in Col (aa) of the new line, and leaving Cols (k-4) (l) - (p) 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:
See Section VII.

Basic Steps--Con.

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, 1962, all medical coders are instructed to check carefully all entries in questions 15-17, and in Cols (c) - (g) of table II. If "yes" has been checked in questions 15 and/or 16, verify that there is an entry for that person in table II for each time mentioned. If question 17(c) is "yes", and the date in question 17(d) is since the date stamped in question 15, 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 occured between the date stamped in question 15 and 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 exceed 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 exceed the date of Sunday prior to the week of interview by 1 night.

The following examples relate to a date of interview of July 23, 1963; Sunday prior to week of interview was July 21, 1963; date stamped in Q.15 is June 1.

Col c Month	Day	Year	Col d	e	f	g	Comments
July	17	1963	4	4	4	No	1/
July	17	1963	5	5	5	Yes	2/

1/ This person entered the hospital on July 17, 1963 and stayed 4 nights; discharged on July 21, 1963 so he was not in the hospital Sunday night.

2/ This person entered the hospital on July 17, 1963 and reported staying 5 nights prior to the week of interview; therefore, 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 questionnaire): 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 used 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.

d. Surgical Insurance: This information is entered by the interviewer in Cols (j) - (n), of table II of the current questionnaire, for completed hospitalizations ("no" in Col (g) AND delivery or operation shown in Col (h) or Col (i)). The entries in Col (j) - (n) will be transcribed by the MCC to Col 36 of the Hospital Card in terms of a 1-digit code which will indicate whether persons who were surgically treated had some part of the surgeon's bill paid for by insurance. For detailed instructions, see transcription instructions.

C. Basic Steps--Con.

Step 6: Recording Disability and All Other Items in table I: Effective July 1, 1962, and revised as of July 1, 1963, this step is expanded considerably in order to include procedures to be followed by the MCC as well as the MCQ.

a. Editing Responsibilities with Respect to "Days".

All medical coders must inspect, and edit if necessary, each retained line in table I for consistency with respect to days of disability of any kind.

If a condition is in table I, and also in table II, any hospital days in the past 2 weeks should be reflected in the number of days in the past 2 weeks in table I; and if the condition is chronic, in the number of bed-days in Cols (l) and (m) of table I.

If Col (m) of table I has bed-days in the past 2 weeks, then Col (h) should have bed-days; if the number in (m) is larger than that in (h), change (h) to agree with (m). If after this adjustment, the bed-days in (h) are greater than the days of "cut-down" in (g), change (g) to agree with (h). However, if (h) is equal to or larger than (m), do not change (m). If (m) has less days than (h), leave (m) as is, and do not change (h).

If (l) shows 365 bed-days in the year, Cols (f) and (f-2) should say yes, and (g) and (h) should have 14.

If you judge that a condition should be coded as chronic, but the interviewer has stopped at Col (aa), contrary to her instructions, adjust for the blanks beyond (aa) in green pencil, entering in (l) and (m) the number of days shown in (h). Use red pencil to make these adjustments if the condition was checked as having its onset -3 mos, and the interviewer could not have recognized the condition as one which would be coded chronic.

If you judge that a condition should be coded as acute, but the interviewer has carried it beyond Col (aa), strike out the entries beyond Col (aa) in red pencil, but use the data to edit, if necessary, the bed-days in the past 2 weeks.

All lines of table I must be in order with respect to deletion, "merging", and consistency before condition-days, person days, or any other facts can be recorded.

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

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

Cols (e) - (j) of the Questionnaire show whether or not any codable condition, acute or chronic, caused days of disability in the past 2 weeks. Both the MCQ and the MCC must know how to edit and interpret this data. The MCC edits, and must also determine the proper entries to be transcribed to Cols 30-35 of every Condition Card she makes (excluding "dummy cards").

Cols 30,31 of the card are for days of "cut-down"--from (g) of the questionnaire. Cols 32,33 are for days in bed--from (h). Cols 34,35 are headed "Time Lost"--derived from (i) OR (j). "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 (i) and (j) could both be blank for this reason. Col (i) represents days lost from school for persons 6-16; Col (j) is for days lost from work for persons 17 and over. If (i) is filled, (j) 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: Coders need not refer to the actual age of the person except in the following situations:

1. If (i) and (j) both are blank, but there are known or "DK" days of "cut-down" in (g), 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 (i) and (j) both are filled, but could apply in one of them, check age; if the person is 6-16, transcribe to Cols 34,35 only the entry in (i); if 17+, transcribe only the entry in (j).

In rare cases when all of the Cols (g) - (j) are blank, proceed as follows:

Look at Cols (f-1) and (f-2):
If (f-1) is checked, transcribe "00" in Cols 30, 31 and leave Cols 32-35 blank.
If (f-2) is checked, transcribe "DK" in Cols 30, 31, and "00", "00" in Cols 32, 33 and 34, 35.
If blank in (f-1) and (f-2), transcribe "00" in Cols 30, 31, and leave Cols 32-35 blank.

If Cols (f-1) and (f-2) 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 was cut-down) transcribe "DK" in Cols 30, 31, and "00", "00" in Cols 32, 33, and 34, 35. If blank in (e) and (f), transcribe "00" in Cols 30, 31, and leave Cols 32-35 blank.

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)-(j) of the questionnaire, transcribe as "V". If the interviewer failed to correct Cols (e - j) 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 (h) is adjusted from Col (m).

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

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 multipe 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 (g); Cols 25, 26 (the next 2 digits) are for person-days in bed, from Col (h); Cols 27, 28 (the last 2 digits) are for person-days of the time lost, computed from Col (i) OR (j).

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 instructions 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 (g) 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", past 2 weeks

Example 1:	Col (g)	Example 2:	Col (g)
Arthritis	7 1/	Hypertension	3 1/
Cold	4 1/	Hernia	3 1/
Indigestion	2	Hay fever	4 1/
	=10		=4
1/ 3 days overlapping		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, do not include the days of disability entered there since these must all be overlapping days for this person.

Add, in the same manner, the bed-days in (h), 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. Date of Onset: Effective July 1, 1963, procedures are restated as follows because of column number changes on the current Questionnaire, the addition of the time period "3-12 months", and changes in the ovals of Col. 41 of the Condition Card.

Information about when a condition started or was first noticed is contained in Cols k1-k4 of the current Questionnaire. Both the MCQ and the MCC will need this information in order to classify conditions as acute or chronic and to make other decisions in coding. However, only the MCC records the interviewer's entries to be transcribed to Col 41 of the Condition Card.

If a condition was first noticed before 3 mos, k1 should be checked, k2 and k3 should be blank, and k4 should be filled. If the condition was first noticed during the past 3 months, k1 should be blank, k2 should be checked, k3 should be filled, and k4 should be blank.

Note that the ovals of Col 41 now read, from top to bottom:

V	3-12 mo.
Last week	12 mo.+
Week before	Before 3 mo. DK
2 wk.-3mo.	DK
During 3 mo. DK	

If both k3 and k4 have an entry, transcribe entry in k3 if k2 is checked; transcribe entry in k4 if k1 is checked.

If both k3 and k4 are blank or "DK", and if k2 is checked, transcribe as "during 3 mos. DK"; but if k1 is checked, transcribe as "Before 3 mos. DK".

If k1 and k2 are blank or "DK", and k3 and k4 are blank, check other data on the questionnaire for some clue as to when the condition started. If the date of onset cannot be determined, transcribe blank as "V"; "DK" as "DK"

If other data on the questionnaire makes any of the entries in k1-k4 wrong or inconsistent, edit them in green pencil, and fill Col 41 as edited.

f. Chronic or not: All medical coders will judge whether a condition is chronic or not according to instructions in Section III of the Medical Coding Manual. Both the MCQ and the MCC will enter the code "1" if chronic, or "2" if acute, in Col (aa) of the questionnaire. The MCC will also enter this in Col 42 of every Condition Card made.

If all of a person's conditions are codable as acute, then information beyond Col (aa) is not applicable, and Cols 43 through 50 of the card are left blank.

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

g. Condition bed-days in past 12 months. The MCQ makes no entry on the questionnaire about bed-days in the past year if a person has only one chronic condition, but the MCC must fill Cols 43-45 for every Condition Card made for a chronic 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, checking Col (m) against (h). If "none" is checked correctly in Col (l), transcribe "000". If days are entered, transcribe as 3 digits. Days in (l) cannot exceed 365. If more than 365, code as 365. If 365 is in (l), Col (h) should be 14.

If "DK", "NA", "can't remember" are reported, transcribe as "days DK". If blank, transcribe as "000". If days are "DK" in Col (l), but there are known days in (h), edit (l) to agree with (h).

h. Person bed-days in past 12 months: "Person bed-days in past 12 months" refer to the total of the bed-days in the past year caused by all of one person's chronic conditions. 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 questionnaire, but if the person has multiple chronics, the MCQ sums the bed-days, and enters this figure in Col (l) of the last line of this person's chronic conditions.

The MCC enters the person bed-days in past year in Cols 46-48 of each card 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 also. 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 both the MCQ and the MCC will proceed as follows:

Be sure that each separate line has been edited, as mentioned earlier. Look at Col (l) for all chronic conditions. If there have been any bed-days in past year, add them together if they do not overlap. If they overlap, use the rules used in computing person-days of "cut-down" in past 2 weeks shown in Step 6, d of this Section.

Total days should never exceed 365. If more than 365, use 365.

If all lines say "none" or blank code "000". If all say "DK", code "DK". If any shows 1 or more days, but others are "DK", "none", or blank, use the 1 or more days.

If no condition has 1 or more days, and at least one is "DK", code DK. This applies when all the others are "DK", "none", or blank.

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

i. Limitation of Activity: Cols (n), (o), (p): Effective July 1, 1963, the procedures are restated because of column number changes and to make certain clarifications.

The MCQ makes no entries on the questionnaire for these columns, other than to edit them if necessary. If all of a person's conditions are acute, and "stopped" correctly at Col (aa), Cols (n), (o), (p), of the questionnaire, should be blank. If the person has one or more chronic conditions, there should be an entry of 1, 2, 3, or 4 in Col (n) of the last line of this person's conditions. If the entry in (n) is 4, then (o) and (p) should be blank. If (n) is 1, 2, or 3, a "yes" or "no" should be in (o). If "yes" is in (o), there should be an "X" in (p), in one or more lines. The MCC edits, and transcribes the entries to Cols 49, 50 of each Condition Card for each person who has one or more chronic conditions, as follows:

Col 49:
Fill the ovals according to entries in (n) of the questionnaire. If (n) is blank but should have been filled, fill "V" in Col 49.
If (n) is "DK", fill "DK" in Col 49.
If (n) is "4", or "DK", or if "V" is applicable, leave Col 50 blank.

Col 50:
On each Condition Card for which you have entered 1, 2, or 3 in Col 49, transcribe as "Yes" in Col 50 only for those which the questionnaire shows an "X" in Col (p). If Col (p) is blank for all conditions, transcribe "no" in Col 50. If 1, 2, or 3 is shown in Col (n) of the questionnaire, but (o) and/or (p) are blank or "DK", use "V" for Col 50.

Special situations when (p) is blank:
If the person has only one chronic condition, and (o) is "yes" and (p) is blank, edit and fill the "yes" oval in Col 50.

If the person has one or more chronic conditions, and all are blank in (p) but "yes" or "no" is in (o) for each of these, edit to "X" in (p) for those that have "yes" in (o), and fill "yes" in Col 50 of the card for those that have been edited to "x".

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

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

The MCC fills the "V" in Col 63, if Col (k-1) is checked, or if Col (k-4) is checked and (k-1) is blank, or the condition is on Card A, or is an impairment, and in addition:

1. Col (1) is blank, OR
2. The days in (1) are less than the days in (h), OR
3. The interviewer failed to correct (1) 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 in ICD 140-239 or elsewhere.
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
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; Hypertention; 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.

B. Conditions Always Chronic Regardless of Date of Onset--Con.

Any congenital condition
Conditions mentioning atrophy, fibrosis, sclerosis, contracture, degeneration, dystrophy, with the diagnosis.
Cleft palate
Cerebral palsy
Clubfoot, flatfoot, and other specified structural deformities including loss of eye, limbs, nose, ears.

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

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 NHS, 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. 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. Checking for Bed-days, after Col (aa)

If you use "2" in Col (aa) of a line, and there are entries beyond (aa), strike out such entries in red pencil. If "1" is assigned in Col (aa), and days beyond (aa) are missing because the interviewer has not followed instructions, use green pencil to adjust for days that are known, from Col (h) or Table II, or, if no days are known, enter zero days, not "DK" nor "NA". If the disease is -3 mos, and not on check lists, and you have assigned "1" in Col (aa), use red pencil to adjust the days.

F. Diagnostic Codes Differing if Acute, Chronic, or Unspecified

1. Diseases with a third 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.

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 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 -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) can be chosen according to date of onset, use the code for chronic if 3 mos+, and the one for acute, if -3 mos.

Note: For column number changes in table I affecting visual conditions, see Section VI. For the current year, Col (d-3) contains the "kind" of trouble; (d-4) tells the part of body affected; there is no (d-5).

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.

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,1 "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".

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

a. Arrested or inactive tuberculosis, in (d-1) or (d-2), is always coded, to 009.
b. Rheumatic fever in (d-1) or (d-2), inactive in the past year is to be coded to 403. See also App. 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: consider these to be inactive; code the impairment with the proper 4th digit but don't code the infection separately.
d. Chronic diseases, except as in a or b above, are sometimes reported as "arrested", "inactive", etc. Effective July 1, 1963, the procedure is restated as follows:

Code, ignoring these modifiers, if table II has a codable entry for corrective surgery for this disease, or if there is no mention of surgery at any time. For example "arrested cancer" with no information about surgery at any time is coded as if cancer were present.

However, if the person states that corrective surgery was done more than a year ago, and also does not report it as codable in table II, proceed as follows:

If some present effect is mentioned, code it only. If no present effect is mentioned, but this arrested condition caused "cut-down" in past 2 weeks, or has a check in Col (p) of this line, code the chronic disease. But if it has no present effect mentioned, and has caused no "cut-down" in past 2 weeks, AND does not limit the person's activities, line it out, in red pencil, and do not code it in any way.

D. "Symptoms," Card C

Card C, (formerly Card I), used by the interviewers, contains a list of selected terms, called "symptoms", for which the interviewer asks the cause. These terms listed below, are classified by NHS 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 NHS.

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

E. 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 H, below.

Items E, F, G in the earlier Manual are combined under E in this revision.

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 NHS: 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).

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

If multiple symptons 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:

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 H, below. Consider the "cause" in (d-2) in coding.

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

4. Examples in coding symptoms and troubles:

(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---	hands 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

F. See E, above

G. See E, above

H. Nervous or Mental Trouble

Effective July 1, 1961, instructions for coding nervous and mental conditions are restated as follows.

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 intelligence is not indicated, the term "mental", in general, will be interpreted to mean an emotional disorder of some kind.

H. 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 accident.

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, functional 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 condition; 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 conditions, 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.

H. Nervous or Mental Trouble--Con.

4. Descriptions of nervous and mental cases, with codes

1. "Nervous trouble, Dr. says since birth, can't stand noise, can't sleep at night, feels like something crawling on her": code 327.

2. "Nervous, due to overactive and toxic goiter": code 252.0, and 327.

3. "Pains in head, upper back and shoulder, past year, due to lack of sleep and nerves brought on by daily irritation and stresses": code 327.

4. "Nervous trouble, due to epilepsy": code 353.3, and 327.

5. "Nervous trouble, depressed, due to epilepsy": code 327 and 353.3.

6. "Takes medicine for insomnia; has chronic nervous trouble; feels shaky": code 327.

7. "Nerves, gets dizzy spells": code 327.

8. "Nervous trouble, can't remember things, due to arteriosclerosis": code 327 and 334. [Regard the arteriosclerosis as cerebral.]

9. "Migraine headache due to nerves": code 354 only.

I. "Removal" and other Operations, Table I; and Post-operative States

Effective July 1, 1963, procedures are restated as follows:

1. The "removal" of some part or organ and names of operations are not satisfactory diagnoses for table I. The coding of such statements depends on what the present effects are, what the surgery was done for, and when the surgery or correction was done. If the person says that surgery or correction took place more than 1 year ago, and also does not report it as codable in table II, and no present effects are mentioned, and this person has had no "cut-down" in past 2 weeks for this condition, and is not limited in present activities by it, regard the condition as inactive or cured, and code by the rules in C,2,d, above.

I. "Removal" and other Operations, Table I; and Post-operative States--Con.

2. Regardless of when the surgery was done, look for some present effect that may be bothering the person, other than ordinary pain or discomfort that often accompanies recent post-operative states. Do not code more than one effect. If the part removed is codable to "Absence", in the X-Code, always code it. These sites are eye, limb, lung, breast, kidney, jaw, rib, nose, ears, larynx at any onset, and all of the teeth if 3 mos+. If one effect is codable to "absence", no other effect need be recorded. If the effect is not in the X-Code, but is something likely to become chronic after the surgery, code it. In case of multiple effects not involving "absence" in the X-Code, select the most disabling.

3. Look for the disease that required the surgery. If that is known, or indicated, and is chronic, and present now or in the past year, and is often, or usually, incurable, code it. If the disease requiring the surgery is not known, and there are no present effects, but there is indication of disability in the past year, code 795.5.

4. If a post-surgery condition is unusual, consult supervisor.

5. Examples:

	Condition Facts	Code(s) - Table I
a.	Breast removed for cancer, past year; can't lift arm	170X and X38.4
b.	Breast removed, 2 years ago for cancer	X38.4
c.	Hysterectomy past 2 weeks, cause not stated	795.5
d.	Hysterectomy, any date, with menopause symptoms now	635.X
e.	Cleft palate repaired, past year	X91.X
f.	Cleft palate, repaired more than 1 year ago, with no present effects or disability, and not reported in table II	Delete
g.	Leg removed for diabetes, any onset	X26.5 and 260.X
h.	Recovering from operation on hips; no data as to causative disease	795.5
i.	Hernia operation, past year	560.X
j.	Part of stomach removed, 2 years ago for ulcers, no effect nor disability now	Delete
k.	Chronic stomach trouble due to removal of gallbladder for gallstones, in past year	545.0 and 584X
l.	Tonsils removed, cause not stated, past 2 weeks and throat hurts	510.0
m.	All teeth extracted, 3 mos+; has indigestion	X92.0
n.	Hip operation 3 years ago for osteomyelitis, hip painful, and causes limp, ever since	X75.3

J. Asthma and other Allergies

See also 240-245 in Appendix III. Note that allergic manifestations of any kind, of any part of the body including 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 NHS 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 respiratory 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 allergies, 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.

K. Cysts

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

Cysts described as "fatty" should be coded to 714.2, with sebaceous cysts. (However, a fatty tumor 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 not 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, and a Table A has been filled out by the interviewer, proceed as for other diseases due to injury. If Table A has not 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, and a Table A has been filled, we code it as for other one-time injuries.

L. "Disc" Conditions

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

A disc condition, NOS, is assumed by NHS 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. See 732, in ICD.

When an intervertebral disc condition is to be coded, and a concurrent spinal nerve pain, pressure, neuralgia, sciatica, 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.

L. "Disc" Conditions--Con.

Disc conditions tend to be chronic, but many respond to surgery or other treatment, and are regarded as "correctable". If a disc was "removed" or had other surgery in the past year, or before, proceed according to instructions in item I, above. If the surgery was done within the past year the disc condition may not be present now, but code it as a chronic-type condition that was present in the past year.

Back trouble, 3 mos+, due to disc condition, with or without surgery in the past year: code 735 only. Back trouble, 3 mos+, due to disc condition treated surgically more than 1 year ago: code X70.Y, only.

If Table A only mentions a disc condition, describing what happened at the time of the original injury, but Table I mentions back trouble or some chronic disease due to injury, but does not mention a disc condition being present now or in the past year, code only what appears in Table I, with 9 in the 4th digit, and do not code 735.

M. "Gland" Conditions

Watch for types, sites, and specified diseases of glands. 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 armpit (axillary region), in the groin (inguinal region), or in the neck (cervical region), or other well known locations 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 "Hypertrophy", 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 NHS 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 Conditions, Ill-defined, or Due to Various Causes--Con.

Enlarged heart (and synonyms) is an important manifestation 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, according 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 disorders 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, somewhat 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 "sensitive stomach" as for "stomach trouble". "Sensitive scar": code as for "scar".

R. Pregnancy, with Hypertension 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 complication, and delete. Check on all of these facts before deleting.

R.	Pregnancy, with Hypertension and other Toxemias--Con.	True toxemias of pregnancy (in ICD 642) of which hypertension is one, which arise because of the processes of pregnancy, tend to subside within a short time after delivery. If these conditions continue on after delivery, the chances are that the hypertension, etc, is a chronic condition that the woman had before she became pregnant.
S.	Spelling Problems	If a condition is spelled incorrectly by the interviewer, but you can clearly see what is meant, there is of course no problem. In cases of very unfamiliar, or phonetic 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.	Typhoid, and other Carrier States	These NOS, do not constitute illness, and if reported, may be deleted. In no situation, are these to be charged to typhoid, or other disease which the person now "carries", but which now causes him no other physical complaint.
U.	When to Use 795.0 or 795.5, Table I	Code 795.0 (ill-defined) when a disease process is stated—such as infection, or fibrosis, - but the indexing shows 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 condition is, code 795.5.
V.	Terms Not in Short Index or Vol II	Consult the supervisor.

A. "Combining", 1. 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 date of onset, the latest date the doctor was consulted, the largest number of days of disability, etc.; this procedure is called "merging" and is given in detail 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, in Appendix III — Review the following categories in Appendix III for notes about conditions that combine or do not combine: 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 condition 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. See that all lines involved in a merger have been edited with respect to consistency, as instructed in Section II.

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 on the retained line to the combined data, as follows:

Col (c): Check the "yes" box if the "yes" box is checked on any one of the merged lines.

Col (e): If all of the merged lines are checked in Col (e) go to Col (k-1).

Col (f): Enter check (x) in Cols (f), and (f-2) if there is a check in these columns on any one of the merged lines.

Cols (g) - (j): Use the largest number of days for any one of the merged lines.

Col (k-1): Enter check (x) in Col (k-1) if there is a check in this column on any one of the merged lines, and if so go to Col (k-4).

Cols (k-2) (k-3): If all of the merged lines are checked in Col (k-2), change (k-3) of the retained line to the earliest time on any one of the merged lines.

Col (k-4): If (k-4) applies to any one of the merged lines, check the earliest time indicated on any one of them.

Col (l): Use the largest number of days.

Col (m): Use the largest number of days.

Cols (n) - (p): If the last line for any individual has been deleted in merging, enter codes from Cols (n) - (p) on the last retained line for that individual.

A. General

Certain inclusion changes have been made in the X-Code for special Impairments (Appendix I), effective July 1, 1961, and Section VI of this Manual has been expanded considerably to provide guides for coding cases which have caused coding problems in the past several years, because the respondents' descriptions are vague, or complex, and/or the ICD indexing does not provide for conditions of this nature.

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 two 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 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. See also Appendix III, 750-759, for conditions present "since birth", or described as congenital.

B. Visual Impairments

For the year beginning July 1, 1963, table B of the Questionnaire, page 8, and the Vision Supplement (Form NHS-HIS-1(b)) have been introduced, to be used by the interviewer to obtain additional data for persons 6 years old and over for whom an eye or visual problem has been reported in the regular interviewing..i.e. in table I. The coding of facts in all of table B and in the Supplement will be done according to special instructions to be issued under separate cover.

The medical coders will continue to code eye conditions and visual defects reported in tables I and II in the same general manner as in previous years, except that they must refer to Col(c) of table B where the answer to the question "Can you see well enough to read ordinary newspaper print with glasses?" will be found. This fact was formerly in Col (d-3) of table I. No information from table B will be used by the medical coders except the answer to Col (c) of table B (to be referred to herein as (B-c)--meaning Col (c) of table B. Medical coders will make no entries of any kind in table B, will ignore the Supplement, and continue to code and enter eye diseases, visual impairments and their causes according to the instructions in this Manual.

B. Visual Impairments--Con.

As formerly, codes X00, X01, X02, X05 will be used for visual impairments. Each of these must be given a 4th digit for the etiology from the list of 1-digit etiology codes applicable to X00-X05 as shown in Appendix I and also at the beginning of the Short Index. Eye diseases are discussed below in B,6. A person may be assigned more than one eye disease code but is never given more than one code in X00-X02, X05.

1. Date of onset

Loss of eye, one or both, is coded to the X-Code, regardless of date of onset. Blindness and other visual defects, except through loss of eye, are coded to the X-Code only if 3 mos+. If -3 mos, and not through loss of eye, code to the cause only, if known; if cause is unknown, code to 388.

The following instructions for the use of codes X00-X02, X05 are based on the assumption that date of onset in table I has been noted, and that the condition qualifies for an X-Code.

2. Blindness, (X00) defined

For the current year, in table I, a person 6 years+ will be classified as formerly, to X00 (blind) if (B-c) shows no, he cannot see well enough to read ordinary newspaper print with glasses. If the person is under 6 years of age, or for some other reason Col (B-c) is blank, but table I says the person is "blind", or "blind in both eyes,"or can't see at all, or in some other manner indicates that the person has no useful vision in either eye, the code for the visual defect can be X00. But if (B-c) is filled, and says "no", the code must be X00-regardless of the description of the case in table I. And if (B-c) says "yes", the code can never be X00, regardless of the wording elsewhere.

Note 1: "Night blindness", "day blindness", "color blindness" are terms considered to be eye diseases and are never coded to X00 unless the answer in (B-c) is no. See also under item B,6, following.

Note 2: If there is information that the person, 6 years+, has never learned to read, but (B-c) has been filled by the interviewer as "no", accept this, and use X00.

3. Visual impairments in X01, X02, X05

For X01, X02, X05 the answer to (B-c) must be "yes" (or blank), AND, in table I:

For X01: the person says "blind", or "blindness" without modifier, in one eye, and the other eye is affected in some way but not "blind" or "blindness".

For X02: As in X01, but person does not mention other eye, or says vision in other eye is good.

For X05: Vision, sight, eyesight, seeing, ability to see,-in either or both eyes- is affected in some way but not "blind" or "blindness"-NOS-in either eye.

B. Visual Impairments--Con.

3. Visual impairments in X01, X05, X05--Con.

For X05, (if B-c is "yes" or blank) the description of the defect may say "partially blind" in one or both eyes, but neither eye can be "blind". The modifiers may be "poor", "weak", "bad", "impaired", "defective", "blurred", "trouble with", -coupled with the words vision, sight, eyesight, seeing-in one or both eyes, but the words "blind" or "blindness" should not appear, in order to qualify for X05.

Note: Terms such as "bad eyes", "blurred eyes", "weak eyes" are treated as eye diseases. See also B,6, following.

4. With cause stated

Any one of the codes X00-X02, X05 must be given an additional 1-digit code from the special etiology codes for impaired vision. 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 impairment 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 in X05 noticed during attacks of allergy or migraine--or due to allergy or migraine--code only the allergy or migraine, and do not code X05.

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.

5. Selecting the etiology code

If only one cause is given for a defect in X00-X02, or X05, there is usually no difficulty. However, since only one visual defect per person can be coded, and multiple causes are not infrequent, select the etiologic code for X00-X02, or X05 when there are multiple causes, as follows:

9 and any other(s): prefer 9.
8 and any other(s), except 9: prefer 8.
7 and any other(s), except 8 or 9: prefer 7.
If 7, 8, or 9 are not involved, prefer any in 1-6 over X or Y. If local diseases of the eye in 1-6 only are mentioned: prefer cataract, affections of the retina, conditions in 6, glaucoma, strabismus, and refractive errors, in that order.

B. Visual Impairments--Con.

5. Selecting the etiology code--Con.

Examples, 3 mos+; for diagnostic codes:	B-c
1. Blind, left eye, due to accident in 1945 Poor vision, right eye due to cataract, past 2 years. Code X01.9 and 385X.	Yes
2. Blind, right eye, old infection Poor vision, left eye due to diabetes. Code X01.8 and 260X.	Yes
3. Poor vision, due to cataract and glaucoma. Code X05.3, 385X, and 387X.	Yes
4. Bad vision since birth Injured eye, one year ago, and now blind in one eye. Code X00.9.	No
5. Partially blind, both eyes, due to diabetic retinopathy and old age. Code X05.8, 386X, and 260X	Yes

6. Eye diseases in (d-1)

Review carefully ICD categories 370-389 in Vol. I, and categories 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 familiar with the various eye diseases and their synonyms.

For the current year, the general rules for coding eye diseases reported in (d-1) will remain the same as in previous years. They are restated as follows:

a. When (d-1) says something non-specific and codable to 388--such as "weak eyes", "eye trouble", and the like, but (B-c) says "no": code X00 only, not 388 also.

b. When (d-1) says something ill-defined, as in (a), above, and (B-c) is "yes" or blank, but table I mentions also some degree of visual loss, code the visual loss only--not 388 also.

c. When the eye disease in (d-1) is some specific kind of eye disease or trouble, and (B-c) says "no", code the eye disease, and code X00 also.

B. Visual Impairments--Con.

6. Eye Diseases in (d-1) Con.

d. When the eye disease is cataract (385), a retinal condition (386, 777) or glaucoma (385)--present now or in the past year, with "yes" or blank in (B-c), and there is mention of visual loss in table I, code the disease and the proper X-Code also. But if these conditions have "yes" or blank in (B-c) and even if table I says nothing about a visual loss, we assume there is or has been some visual loss, and if 3 mos+, we code X05 in addition to the disease code.

e. If chronic "night blindness" or "day blindness," and synonyms-and other such variations in vision according to the amount of light--are reported, and (B-c) is "yes" or blank, and table I says nothing further about a visual loss, code X05 in addition to the disease code. If the night or day blindness is due to some specified general disease - such as Vitamin A deficiency--code the eye disease, the general disease, and X05.

f. For the following, code the disease only unless table I states some visual loss--i.e., trouble in seeing,- or (B-c) says "no":

color blindness (388)	"cross-eye" (384)
nearsighted (380)	"lazy eye" (384)
farsighted (380)	other disorder of eye muscles and ocular movement (384)
myopia (380)	
other refractive error (380)	

g. For other eye diseases in table I, not mentioned above, with "yes" or blank in (B-c) and no mention of visual loss in table I, code the disease only.

Note: In the case of multiple specific eye diseases for the same person, code each by their ICD or NHS numbers. However if "weak eyes", "eye trouble", "eye strain", and the like are reported with a well-defined eye disease, code the specific disease(s) only.

B. Visual Impairments--Con.

7. Examples, chronic visual impairments and eye diseases

(d-1)		(d-2)	(B-c)
1. No lens in either eye	388X	since birth	yes
2. Cataract and glaucoma	385X 387X	X05.3	yes
3. Trouble seeing, both eyes	240X	hay fever	yes
4. Nyctalopia	388X	X05.6 DK	yes
5. High myopia	380X	X00.1	no
6. Eye trouble	X00.Y	old age	no
7. Eyes water	379X	smog	blank
8. Total blindness one eye	X02.X	birth	yes
9. Nearsighted	380X	DK	yes
10. Eye trouble	X05.0	poor vision cause DK	yes
11. Trouble seeing	X05.Y	needs glasses changed	yes
12. Blurred eyes	388X	DK	yes
13. Double vision	384X	stroke 334X	yes
14. Blind in one eye, cataract in other	385X	X01.3 DK	yes

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 impairments 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. However, 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 defect also. If a person cannot speak, but has no hearing 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 applicable to all non-visual impairments (X06-X99).

a. For hearing defects, in X06-X09, due to continued exposure 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 impairments 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, consult the supervisor.

D. Speech Impairments

See Appendix I, X10, X11, and categories 326.1, 326.2, 755, 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 include 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 correct 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. Impairments, Special Sense, NEC

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.

Effective July 1, 1963, 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 active chronic disease, code the latter only. If due to some now inactive disease or old injury, code the sensation disturbance only.

3. If the site is of the limbs, back, trunk, and the person has other impairments of the limb, back, trunk, see L, 3,4,5 of this Section.

4. If the site of X12, X13 is not of limbs, back, trunk, but it is due to or reported with any other impairment(s) having the same etiology, do not code X12, X13 separately if it has no disability, or less disability than the other(s). For example, numbness of face and stiff back, both due to accident, with no disability for either: code X70.9 only; however if numbness of face has more disability than the stiff back, code X13.9 and X70.9.

F. Special Learning Disability, and Mental Deficiency

Categories X14-X19 are for special learning disability (X14) and for defects of the intellect (X15 - X19). All mongoloids are classified in X15. Other severe types of mental retardation are classified in X16. However, since mental retardation 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 something in X15-X19 is also present, code the latter only.

G. Absence of Extremities, and Certain Other Sites

For NHS, effective July 1, 1961, categories X35-X39 are limited as follows:

X35 - Digestive organ: Not used.
X36 - Respiratory organ: Use only for absence, lung. Code absence voice box (larynx) to X11.
X37 - Urinary organ: Use only for absence, kidney.
X38 - Genital organ, breast: Use only for absence, breast.
X39 - Other sites:

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 kidney only.

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.

Excludes absence of:
jaw: code to X92
nose or ears: code to X90
larynx (voice box): code X11
teeth NEC -3 mos: code 535
3 mos+: code X92

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 NHS Medical Coding Manual Section IV, item I, 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 Appendix 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 onset

Paralysis is not codable to the X-Code if -3 mos. If -3 mos, and the cause is known, code only to cause; if cause is unknown, 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 sites and types, 3 mos+, in X40-X69

For NHS, effective July 1, 1961, use only one code per person in X40-X69, as follows:

a. If cerebral palsy (and synonyms) in X50 are present, with any other in X40-X69, code X50 only

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 extremities 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 seriou 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 members 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. Paralysis, Complete or Partial-- Con.

2. Multiple sites and types, 3 mos+, in X40-X69-- Con.

Examples:

Paralysis, 3 mos+, due to old polio, affecting stomach, entire right leg, left upper arm: Code X43.2

Partial paralysis, 3 mos+, due to old polio, in both shoulders and upper back - with total paralysis 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 Terminology

Effective July 1, 1961, the following terms are amended 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. Spasms (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. See also 780.4 revised, in Appendix III.

d. Palsy, or paralysis, described as "shaking", "trembling", "nervous", particularly in older persons, 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 Terminology--Con.

f. "Equilibrium," or "balance," (sense of) difficulties: If -3 mos, code to 781.7, as per ICD; if 3 mos+, 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-1), due to polio or some other cause, could imply numbness or paralysis; if not qualified further, code to X99 by etiology.

I. Non-Paralytic Orthopedic Impairment, NEC

See Appendix III, 787, and Appendix I, X70-X79. For NHS, effective July 1, 1961, categories X70-X79 are amended as follows, with certain clarifications as of July 1, 1963.

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.

See additions to X80, and revision of X89, effective July 1, 1961.

Note that scars ("painful", "tender", "contracting",) of limbs, neck, back, external site of trunk, or "scar NOS" of these sites, may be coded to X80-X89 by site.

Effective July 1, 1961, for NHS purposes, structural deformities of limbs, trunk, back described as "atrophy", "withered", "shrivelled", with or due to "strokes", polio, or other paralytic diseases or injuries of brain and spinal cord, or reported as the effects of such conditions--are to be coded to Paralysis by site, type, extent of limitation of the part, and cause.

As formerly, a person may be given more than one code in X80-X89. However, if the person has more than 2 conditions codable to X80-X89, consult the supervisor who may rule out the more minor of these defects.

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, 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 multiple conditions of this nature.

L. Multiple Impairments, Same Person

Effective July 1, 1962, guides for coding multiple impairments, same person, are restated as follows:

1. The general rule is to code each of multiple X-Code conditions if they relate to different specific functions and or types. For example, if a person is deaf and blind and also paralyzed, or has clubfoot, a missing arm, flatfoot, and facial disfigurement, code each of these by type in the X-Code, whether they are due to the same cause or not.

2. If the type of impairment is the same, but multiple sites are involved, make use of codes and rules for multiple sites within a given category, so that only one X-Code, of that type, becomes necessary. When one X-Code is applicable, but it has several causes, code by the rules in M, following. For visual impairments, see B of this Section.

3. If the person has 2 or more impairments affecting limbs, back, trunk, of the types in X13, X40-X59, X70-X89 and all have the same etiology, use the following guides:

a. Code separately clubfoot, flatfoot, spina bifida, and dislocation of the hip, if these are known or indicated to be congenital in origin.

b. Except as in a, if paralysis, complete or partial is present, with something in X13, X70-X79, X80-X89, prefer the paralysis, and code it.

c. If paralysis, complete or partial is not present, and conditions in a, above, are not present, but other structural deformities in X80, 84, 86-X89 are present, prefer, as a general rule, the deformity over those in X13, X70-X79. However if the deformity is minor, and is less disabling than one(s) in X13, X70-X79, prefer the latter.

4. If the person has 2 or more impairments affecting limbs, back, trunk, and different etiologies are involved, use the rules in 3, above, for those that have the same etiology, but code separately those that are due to something else. For example, if a person has hemiplegia and also numbness of leg and these are both due to stroke, and also has back trouble due to an old injury, code the hemiplegia, but not the numbness, and code the back trouble separately.

5. When there are multiple impairments per person, and you are not sure which or how many to code, consult the supervisor.

M. Multiple Etiologies, Per Impairment

The following applies when an impairment is to be coded and is codable to the X-Code, and it has 2 or more separate 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 accidents, 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 orthopedic 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 impairment with .9 in the 4th digit. For example, if a hemiplegic, 3 mos+, due to cerebral hypertension, 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 impairment, choose 9 for the etiology of the impairment.

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 there is no information of this kind, look for the original condition that started the chain of events that led to this operation, and use that for the etiology, and if that is not specified, code unknown etiology.

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, proceed as above, for impairments due to operations.

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. X05, X09, or others in X10-X99, 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. When Not to Code to X-Code--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 -3 mos, are to be coded to the cause only, if known. If these are -3 mos, and cause is unknown, assign the following codes which are ICD codes modified for NHS, 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 and leg) (both legs) (etc.) 334
ORTH IMP NEC 787.1-787.7
Overweight or Underweight 788.4

A. Injuries and Their Effects, General

Briefly, an injury is any condition in ICD N800-N999, except that, damage done to any part of the body because 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 condition 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 indicating a "one-time" injury, code as an injury, and proceed 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 exposure, 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 injury. 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, consult 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, 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 if that is known. Cols 21,22,51-55 of the Condition Card are used for facts of this kind. This data is not needed for the hospital card.

Note whether a table A has been filled and if a table A is needed for this 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 not needed, cross it through in red pencil, on the questionnaire. If you judge that a condition is codable to injury, according to ICD-NHS rules, but the interviewer has not filled a table A for it, record this fact as follows:

MCC: Fill Col 51 of the Condition Card. 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 other kind of circumstance, fill the "2" oval. If the data for Col 51 is applicable, then Cols 52-55 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.

If there is a table A, and it is needed, the MCQ makes no motation; the MCC will leave Col 51 blank, and will fill Cols 52-55 of every Condition Card for each injury condition that is to be coded, as follows:

Col 52: Motor vehicle involved? 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.

Col 53: Moving motor vehicle involved? If "yes" in 3a, there should be an entry in 3c. Transcribe this entry; if blank, transcribe as "V". If "DK" or "NA", transcribe as "DK".

Col 54: Where did accident happen? Transcribe as entered. If "some other place" is checked and 4b is blank or if 4a and 4b are both blank, transcribe as "V". If "DK" or "NA", transcribe as "DK". Recode the "Other" in 4b-8 if it can be classified to one of the other categories.

Col 55: Were you at job or business? Transcribe as entered. If blank, code "V"; if "DK" or "NA", code "DK".

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 this 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 this accident
O = other condition(s) of multiples, in this accident

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 (g)), and the "O" to the other(s). When all of multiples have no days, or equal days, in Col (g), 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 separate accidents; 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.

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

MCQ: Use a 6th digit, either "X" or "O", after the 5th, as follows:
X = yes, hospitalization in table II, for this accident
O = no, no entry in table II for any part of this accident

MCC: Record this information, "yes" or "no", in Col 22 of each card you fill for any 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 earflap, 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 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, E,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"

	Condition	CODE 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: Effective July 1, 1962, see also Section II, Step 5, for special editing and checking procedures, and for filling the Hospital Card, when any part of the childbearing experience takes place in the hospital.

A. 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 in the pregnant state, 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.

B. Abortions, Deliveries, and Births

For conditions relating to the infant, see notes for 760-777, App. III. As stated there, births of well babies and infants born dead are not coded or counted in any way for the infant. Circumcision of newborn infants done routinely before the infant leaves the hospital is not counted as an operation, and is not coded.

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. Delivery (660-678) refers to cases of 7 months or more gestation with the infant born alive or dead. Review all notes on p. 124, App III. Almost all abortions and deliveries are hospitalized and will be in table II, but may be in table 1 also, where the appropriate diagnosis must be entered.

In table II, determine the diagnosis, and enter it in Col (h). If the diagnosis is codable to 650-652, check to see if an operation was reported, code "yes" or "no", in Col (i), and if "yes", code the type of operation performed. If a Cesarean operation is reported for an abortion or miscarriage, code 93 as the type of operation; if "D and C", code 78.

In the case of delivery, coded to 660, 661, or 670-678, always code "X" (there was an operation), whether or not the person says there was an operation. Each diagnosis in 660-678 in Col (h), must have one of the following 2-digit operation codes in Col (i) - 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

B. Abortions, Deliveries, and Births--Con.

Thus, 95 will be used for any and all 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 mentioned.

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.

C. Complications Following Delivery

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

D. Coding Col (aa), Table 1

Any condition in table I coded to the numbers 640-689 must have "2" in Col (aa); the MCC will enter "2" in Col 42 of the Condition 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 puerperal 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 (k-1) is checked, as first noticed before 3 months, nevertheless edit in red pencil to Col (k-2) and check the "before 2 weeks" box in Col (k-3). 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, or any other condition, must be edited with respect to days of disability, and for entries beyond Col (aa), as instructed in Section II, Step 6,a.

A. Table II, General

For conditions related to childbearing, see Section VIII. For births and certain diseases of infancy, see Appendix III, 760-777.

Effective July 1, 1962, refer to Section II, particularly 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 of for something different. Each admission should be coded according to the diagnostic statement 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 outlined in Section II, Step 5,a, of this Manual.

2. Any codable stay must have been for overnight or longer.

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 relatibes 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 admission 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 without need for further medical care).

B. Coding the Diagnosis--Con.

7. If the observation or check-up, is for a specified condition, and the person is found to have this condition or some other condition during the stay, code whatever the final diagnosis is. Also, if the observation or check-up is for a specified condition, code the condition 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 mentioned and no illness condition is mentioned, code 795.5.

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

a. If there is a "third" code for unspecified whether acute or chronic, as in bronchitis, nephritis, appendicitis, etc., use it.
b. For injuries, use 800-999 with "X" in the 4th digit unless 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 different 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 chronic, 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.

Inadequate diagnostic terms, table II: For reports involving "observation" or "check-up" see under B, page 71 of this Manual. 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 only what was done, and not what it was done for, 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.

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

C. Coding Operations

1. What to include

For multiple operations, see 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 rib, 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 rib 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 known 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 unless the examination is known to be of the brain or spinal cord (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 Index of Operations

The coder in training must become familiar with the content and structure of the 2-digit Classification of Operations in Appendix II, and the arrangement of the indexing of operations 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 certain 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 disease 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 certain disease or injury, those diseases are listed alphabetically--"Cataract operation 20," "Derangement," knee, any operation 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 Diagnoses; Multiple Operations

Since only one diagnosis per admission can be coded, use the following guides if more than one disease or injury is reported:

1. Multiple diagnoses

a. Make use of possible combination codes for conditions or sites.
b. If the conditions or sites do not combine, consider for coding the one that seems to add most to the length of stay, 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 operations

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

D. Multiple Diagnoses; Multiple Operations Con.

2. Multiple operations Con.

a. When appendicitis is not reported as the diagnosis, but the appendix is removed during the course of an operation 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 1-digit code,

a. If no operation, as defined, is to be coded, or if the person does not know whether there was an operation, code "2."

b. If there is only one condition in Col (h), and only one operation in Col (i), and there is no doubt that the operation was done for that diagnosis, code "X"--operation was done for the diagnosis. If the site of the operation is different from the site of the disease or injury code "0." If there is doubt about whether the operation was done for the diagnosis, code "1", after consulting the technical supervisor.

c. If there are multiple conditions, and one must be selected, and if there are one or more operations judge whether there was an operation for the selected diagnosis, and code as above.

F. Examples, coding diagnoses and operations, Table II

	Diagnosis		Operations		
	Col (h)	Code:	Code:	Col (i)	Code:
1.	Brain concussion; cut ear	852X	0	Took stiches in ear	25
2.	Diabetic cataract	385X	X	Removed cataract	20
3.	Fractured hip, punctured lung, cut forehead	861X	X	Tube in lung Stiches in forehead	54- 83- 82
4.	Vaginal bleeding	637.2	X	Removed ovaries and uterus	77
5.	Cystoscopy for kidney trouble	603.3	X	Blank	71
6.	Observation for head injury	856X	2	Blank	
7.	Observation and X-rays	795.5	2	DK	
8.	Benign tumor of breast	213X	X	Tumor removed	76
9.	Internal injuries of liver and spleen	864X	1	Surgery, kind DK	XX

APPENDIX I

X-CODE FOR SPECIAL IMPAIRMENTS (X00-X99)

By Type, Site, and Etiology

Revised July 1, 1961

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 morbidity studies requiring relatively simple detail for statistical presentation, and was accepted for use by NHS.

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. However, 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, by ICD Codes, and by X-Codes

Impairments by type and site are listed below as classified by ICD and the X-Code. In List 1, the ICD number is specific for the impairment. In List 2, the impairment is included in an ICD category that contains conditions other than the impairment 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 737 Ankylosis of joint	In X70-X79
745 Curvature of spine	X80
746 Flatfoot	X82
747 Hallux valgus and varus	In X84
748 Clubfoot	X83
749 Other deformities (including acquired absence of limbs)	In X84-X89 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 lumbosacral joint	In X80

2. List 2

ICD Code	X-Code
Defective vision, not blind (in 380)	X05
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" Codes of ICD

Except for 083.0-083.2, none of the ICD 3- or 4-digit categories for "late effects" of certain conditions 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 below. For example, "paralysis of both legs due to polio" is coded X44.2; according to ICD this diagnosis 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" Not Included in X-Code

If some specified residual--such as personality disorder--is due to a disease on the list, but is 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 disorder (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 Late Effects

When the past etiology is known, but the present 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 statement 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 NHS.

G. LISTS OF 1-DIGIT ETIOLOGY CODES

1. FOR IMPAIRMENT OF VISION, ONLY (X00-X05)

.0 Unknown or unspecified origin
.1 Refractive errors (congenital) (380)
.2 Strabismus and other disorders of ocular movement (congenital) (384*)
.3 Cataract (congenital) (385*) (and any other in 1-6)
Excludes traumatic cataract (9).
.4 Glaucoma (congenital) (387*)
.5 Affections of the retina (386*, 377, others)
Includes retrolental fibroplasia, detached retina, and any disorder of retina with any other local disease of eye except cataract.
.6 Optic atrophy NEC and other local diseases of eye NEC (congenital) Includes any condition in 370-388*, --not affecting retina and not included in 1-5.
.7 General infectious diseases (001-138)
.8 General acquired diseases (140-369, 400-468, 590-594)
.9 Accident or injury except at birth
.X Congenital origin NEC or birth injury
.Y Diseases and conditions not in 0-9 or X (noncongenital) (nontraumatic) (noninfectious) (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 NHS method, as of July 1, 1961, see the NHS Medical Coding Manual, Section VI.

X00-X05 IMPAIRMENT OF VISION

X00 Blindness, both eyes; blindness NOS

X01 Blind in one eye, other eye defective but not blind as in X00

X02 Blind in one eye, other eye good or not mentioned

X05 Impaired vision except as in X00-X02, one or both eyes

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 NHS, see Medical Coding Manual, Section VI, G, for instructions and restrictions in the use of categories X35-X39. See Section IV, I, for surgical removal of parts of body.

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)

Other Sites:

X35 Digestive organ
X36 Respiratory organ
X37 Urinary organ
X38 Genital organ, breast
X39 Site or organ NEC (except as in X00-X38)
Excludes absence of teeth, 3 mos+ (X92)

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

Excludes paralysis agitans, or synonyms, in ICD 350.
Note: For NHS, 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 Medical Coding Manual, Section VI, I, for NHS amendments in X70-X79, effective July 1, 1961.

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

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)

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; deformity or absence of jaw; absence, or deficient number, of teeth; 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

Revised July 1, 1963

APPENDIX II

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; exploratory 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 performed, but no information about what kind of operation, or about the body system involved.

APPENDIX III

MODIFICATIONS OF THE INTERNATIONAL CLASSIFICATION (1955 REVISION) USED FOR THE NATIONAL HEALTH SURVEY

July 1, 1961

APPENDIX III

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 NHS 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 NHS 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 NHS 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 NHS 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 NHS. Other reasons include providing a distinguishing code for ill-defined "trouble" and other vague terms.

Content	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; cardiac 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, respiratory 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 reported, and asthma is also reported but it is not specified 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.

Content	Not used	New code	Category Title
			(240-299)--Continued
	244		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.

Content	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

Content	Not used	New code	Category Title
			(240-299)--Continued
	287		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."
			PSYCHOSES (300-309) For NHS, 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
306			PSYCHOSIS WITH CEREBRAL ARTERIOSCLEROSIS For NHS, 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.

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
			(310-326, 327)--Continued
	325		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 active diseases 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. See also 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. See also 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
			(310-326, 327)--Continued
		327	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, impairments, and symptoms of the nervous system. Includes: a. "bad nerves" / brain syndrome, chronic, NOS / depression, NEC / emotional trouble or "upset" / excitable / "jitters" / "nerves" / nervousness / tension / worry b. Nervous or mental modifying: breakdown, case, collapse; condition, disease, disorder; disturbance, illness, incompetence; prostration, shock, 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 in (d-1) with such symptoms in (d-2) or (d-4) 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, see notes under 351, and 760-761. For NHS, injuries to brain, spinal cord, and nerves, not at birth, -3 mos, are coded to 850-856, 950-959. If 3 mos+, they are coded as for all injuries 3 mos+. See notes above 806, and Medical Coding Manual. All 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 NHS, categories 330-334 include the listed conditions with or without hypertension and/or arteriosclerosis, and with or without residuals. For NHS, effective July 1, 1961, 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 residuals, or impairments in the X-Code, code them also. "Strokes" etc; 3 mos+, of traumatic 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, according to the rules for injuries.
334			OTHER AND ILL-DEFINED VASCULAR LESIONS AFFECTING CENTRAL NERVOUS SYSTEM For NHS, include arteriosclerosis and/or hypertension, cerebral or of brain, any date of onset. Exclude arteriosclerosis with paralysis agitans (Parkinson's disease), 350. For residual paralysis, 3 mos+, see 352, below. For psychosis due to arteriosclerosis, see 306.
	344		LATE EFFECTS OF INTRACRANIAL ABSCESS OR PYOGENIC INFECTION For hydrocephaly, see X93. Code other residuals, 3 mos+, by type, site, and etiology.

Content	Not used	New code	Category Title
			(330-357)--Continued
	351		CEREBRAL SPASTIC INFANTILE PARALYSIS For NHS, 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 NHS, 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 NHS, 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 NHS, include: Jacksonian epilepsy; repeated or chronic, 3 mos+, convulsions, fits, seizures; excludes: "black out" spells (782.5); and narcolepsy (355).
354			MIGRAINE Includes migraine, or migraine headache due to nerves and/or allergy; code 354 only.
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.

Content	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
			(360-369)--Continued
364			POLYNEURITIS AND POLYRADICULITIS For NHS, include neuralgia, neuritis, radiculitis, of multiple sites, unless the multiple sites are of the upper extremities, only (362), or of the lower extremities, only (363); if facial or trigeminal neuritis or neuralgia is reported, always code it separately (361).
367			OTHER DISEASES OF CRANIAL NERVES For NHS, 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 NHS, 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-X02, 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 to X05, if 3 mos+, and not blind in either eye.
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
			(380-389)--Continued
385			CATARACT For NHS, 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 NHS, colds and acute upper respiratory infections in 470-475 resulting in acute ear infections in 391-393 are coded to 391-393 only. Ear infections in 391-393 accompanying or due to infectious diseases in 001-138 are coded to 001-138 only. For NHS method of coding deafness and other hearing impairments and their causes, see Medical Coding Manual, Section VI, C.
390			OTITIS EXTERNA Includes boil in ear and infections of outer ear. Excludes 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			OTHER DISEASES OF EAR AND MASTOID PROCESS
		396.0	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 Include: acquired diseases of the ear not classifiable elsewhere; congenital diseases of ear indexed by ICD to 753.1; "ringing in ears." Exclude: absence of ear; code to X90.
	397		DEAFMUTISM. Code to X06.
	398		OTHER DEAFNESS. Code to X06-X09.

APPENDIX III

Content	Not used	New code	Category Title
			RHEUMATIC FEVER AND CHRONIC RHEUMATIC HEART DISEASE (400-416) Note: For NHS, rheumatic fever and rheumatic heart disease, of any onset, are characterized as chronic—with the code of "1" in Col (aa). Effective July 1, 1961, rules for establishing inactivity of rheumatic fever, and when to use 401 or 410-416, are revised as follows because of changes in the questionnaire beyond Col (aa).
400			RHEUMATIC FEVER WITHOUT MENTION OF HEART INVOLVEMENT For NHS, includes rheumatic fever (and synonyms) NOS, without heart involvement, with at least one bed-day in past year, as shown in Cols (h), (n), or (o) or Table II.
401			RHEUMATIC FEVER WITH HEART INVOLVEMENT For NHS, 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 and blank in Col (r).
			CHRONIC RHEUMATIC HEART DISEASE (410-416) For NHS, 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 each one.

Content	Not used	New code	Category Title
			DISEASES OF HEART in 420-434, 435
420.0			ARTERIOSCLEROTIC HEART DISEASE, SO DESCRIBED For NHS, includes heart disease in the exact wording of this title, with any condition in 420.1, 420.2, 422, 433, 434, 440-447, 450. Excludes 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 Includes the listed conditions in ICD with any condition in 422, 433, 434, 440-447, or 450. If conditions in 420.1 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 NHS, includes endocarditis, or valvular heart disease, or any condition in 421.0-421.4, at any date of onset, 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 NHS, 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 also present, code all to 420.0-420.2, only. See also notes under 422.1 and 433.
422.1			MYOCARDIAL DEGENERATION WITH ARTERIOSCLEROSIS For NHS, includes also any heart condition in 434.0-434.4 if arteriosclerosis is also reported.
			OTHER DISEASES OF HEART (430-434, 435) For NHS, 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.

Content	Not used	New code	Category Title
			(420-435)—Continued
433			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.

Content	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
			(460-468)--Continued
		467.3	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 NHS, 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 NHS, 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, the boxes checked in Col (m), Table I, are exactly the same, i.e., all last week, all week before, 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

Content	Not used	New code	Category Title
			(470-527.2)--Continued
470			ACUTE NASOPHARYNGITIS (COMMON COLD) For NHS, includes cold, -3 mos, NOS, or with diarrhea, or upset stomach, or other symptoms of the cold, -3 mos; if 3 mos+, code 512.1; includes 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 NHS, includes also "sinus" conditions, -3 mos, NEC.
472.0			SORE THROAT, UNQUALIFIED For NHS, includes sore, inflamed, infected throat, unknown cause, -3 mos; if 3 mos+, code 512.0-
473			ACUTE TONSILLITIS For NHS, includes adenoids or tonsils "bad," diseased, enlarged, infected, -3 mos; if 3 mos+, code 510.0.
475			ACUTE UPPER RESPIRATORY INFECTION OF MULTIPLE OR UNSPECIFIED SITES For NHS, see notes above 470.
			PNEUMONIA (490-493) For NHS, 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 same episode of illness with conditions in 492 or 493 may be coded to 492 or 493 only. See notes above 470.
	490		LOBAR PNEUMONIA. Code to 493.
	491		BRONCHOPNEUMONIA. Code to 493.
493			PNEUMONIA, OTHER AND UNSPECIFIED Includes: 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. See also 525. Excludes "virus pneumonia" (492); includes pneumonia NEC with pleurisy.
			BRONCHITIS (500-502) For NHS, asthma NOS or bronchial, is coded to 241. if bronchitis is also reported but is not stated to be allergic, code it separately, to 500 or 502, by date of onset. See also notes under 241.

Con-tent	Not used	New code	Category Title
			(470-527.2)--Continued
500			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 NHS, 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 WITHOUT MENTION OF TONSILLECTOMY OR ADENOIDECTOMY For NHS, includes "bad," diseased, enlarged, infected, tonsils (and adenoids), 3 mos+, whether or not removal of them is also reported. In Table II, if date of onset is not known, assume the condition to be chronic and code 510.0 in Col. (h), and record surgery, if done, in Col. (i), by the rules for coding operations.
	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."
519			PLEURISY Excludes pleurisy NEC with pneumonia NEC (493). See also 490-493.
525			OTHER CHRONIC INTERSTITIAL PNEUMONIA For NHS, 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 NHS, 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 NHS, 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.

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 NHS, 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 NHS, 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.
535			OTHER DISEASES OF TEETH AND SUPPORTING STRUCTURES Include: "broken tooth," and loss or extraction of tooth, cause unknown, -3 mos. Exclude "broken tooth," -3 mos, due to injury NEC (873); and loss of teeth, 3 mos+, (X92).
539.0			FUNCTIONAL DISORDERS OF ESOPHAGUS For NHS, 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 NHS, beginning July 1, 1958, the 4th digit sub-divisions under 560,561 will not be used. Code 560X, 561X.
			Excludes hernia, -3 mos due to "one time" injury NEC, heavy lifting, or strain (848). See 848. Hernia, 3 mos+, due to "one-time" injury, code 560.9, 561.9.
	560.0		Inguinal
	561.0		Inguinal with obstruction
	560.1		Femoral
	561.1		Femoral with obstruction
	560.2		Umbilical
	561.2		Umbilical with obstruction
	560.3		Ventral
	561.3		Ventral with obstruction
	560.4		Other specified site
	561.4		Other specified site with obstruction
	560.5		Unspecified site
	561.5		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 NHS, includes diarrhea, onset within 3 months; excludes it if in children, ages 4 weeks--2 years (571.0); excludes chronic diarrhea, onset 3 mos+, in all persons over 3 months of age (572.3).
573.3			OTHER FUNCTIONAL DISORDERS OF INTESTINES
			For NHS, include flatulence (gas) NOS, (intestines).
577			PERITONEAL ADHESION
			For NHS, includes 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.

Con-tent	Not used	New code	Category Title
			(530-587)--Continued
580			ACUTE AND SUBACUTE YELLOW ATROPHY OF LIVER For NHS, excludes hepatitis NOS, (acute) (chronic) (virus) (092)
581			CIRRHOSIS OF LIVER For NHS, excludes 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. Excludes "enlarged liver" (785.1)
		583.1	Diseases in 583 except 583.0. Excludes 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) Exclude: 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) Note: 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, includes 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 includes 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 Includes kidney or renal failure; kidney or renal dropsy without mention of nephritis (or synonyms); "kidney doesn't function properly"; congested kidney. Excludes symptoms in 786.0-786.5, 789, 792. Note: Conditions in 603.3 are not to be used in combination with any single condition, but if 3 mos+. and both 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 during the nursing period to 689, whether -3 mos or 3 mos+.
635			MENOPAUSAL SYMPTOMS For NHS, includes "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.

Content	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 NHS, excludes boil (and synonyms) of ear (390).
694			ACUTE LYMPHADENITIS For NHS, 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 NHS, excludes eczema due to allergy (245).
702			OCCUPATIONAL DERMATITIS For NHS, 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 NHS, 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 NHS, includes "ulcer" NOS, as in ICD, but if the schedule indicates in Col. (d-5), or elsewhere that stomach or duodenal ulcer is meant, code to 540, 541. Includes also "open leg", and "open" or "running" sores, 3 mos+.
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).

Content	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		ACUTE ARTHRITIS DUE TO PYOGENIC ORGANISMS
	721		ACUTE NONPYOGENIC ARTHRITIS
	722		RHEUMATOID ARTHRITIS AND ALLIED CONDITIONS
	723		OSTEO-ARTHRITIS (ARTHROSIS) AND ALLIED CONDITIONS
	724		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 defect 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 contractures, 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.

Content	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		SPINA BIFIDA AND MENINGOCELE. Code to X81.X.
	752		CONGENITAL HYDROCEPHALUS. Code to X93.X.
	753.0		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
			CONGENITAL MALFORMATIONS (750-759)--Continued
	755		CLEFT PALATE AND HARELIP. Code to X91.X.
	758.0		CONGENITAL DISLOCATION OF HIP. Code to X85.X.
	758.2		CONGENITAL MALFORMATIONS OF SKULL. Code to X93.X.
	758.4		CERVICAL RIB. Code to X89.X.
	758.5		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.

Content	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. See also 353.
	780.3		JACKSONIAN EPILEPSY. Code to 353.3. See also 353.
780.4			ABNORMAL INVOLUNTARY MOVEMENT For NHS purposes, effective July 1, 1961, this category is restricted to abnormal movement of sites such as the head, eyelid, face, mouth, tongue, and muscles thereof. It includes twitching, spasm, tic, tremor, of these sites if qualified as "muscular," "nervous," or "habit," or due to nerves. However, if nervous trouble, in 327, is of this kind, and is due to emotional factors or there is doubt whether the trouble is emotional or organic, code only to nervous trouble in 327. This category excludes "tic douloureux" (361); and any abnormality of the face 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 coordination difficulties, see 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.

Content	Not used	New code	Category Title
			SYMPTOMS—continued
	781.3		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 paralysis of facial nerve (7th), -3 mos, to 360. Code disturbance 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 diseases 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
	782.1		PALPITATION. Code to 433.1.
	782.2		TACHYCARDIA. Code to 433.1.
	782.4		ACUTE HEART FAILURE, UNDEFINED. Code the listed conditions to 434.4
782.6			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		ANOREXIA. Code to 544.2
	784.1		NAUSEA AND VOMITING. Code to 544.2
	784.2		PYLOROSPASM. Code to 544.1
	784.3		HEARTBURN. Code to 544.2.
	784.4		DYSPHAGIA. Code to 539.0.
	784.8		ERUCTATION. Code to 544.2
	785.4		FLATULENCE. Code gas (pains) NOS to 573.3; in stomach, on stomach, to 544.2.
	785.6		DIARRHEA, AGE 2 YEARS AND OVER. Code to 571.1. See 571.1
785.0			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 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.
787.0			PARALYSIS OF LIMB, AGES 3 MOS+, ONSET -3 MOS Excludes paralysis of limb in infants under 3 months of age (761).
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 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)
787.6			PAIN, STIFFNESS OR SPASM (MUSCULAR), NECK, -3 MOS
787.7			PAIN, STIFFNESS, SPASM, TROUBLE NEC (ORTHOPEDIC) OTHER AND MULTIPLE, -3 MOS 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).

Content	Not used	New code	Category Title
			SYMPTOMS—continued
			Title changed to:
788.4			WEIGHT ABNORMALITY, AGES 1 YR+, ONSET -3 MOS For NHS, 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.
		788.X	OTHER SPECIFIED SYMPTOMS NOT CLASSIFIABLE ELSEWHERE (Not 788.9) Excludes "low blood sugar" (270).
789.0			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 classifiable 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 NHS, includes overtired, overworked, overexertion, worn-out, rundown, weakness, and other terms similar to debility and fatigue. Excludes these if due to old age (794), or to ill-defined nervous or mental conditions in 327.
	790.2		DEPRESSION. Code to 327, unless a specified type of psychosis or psychoneurosis is also reported.
794			SENILITY WITHOUT MENTION OF PSYCHOSIS For NHS, includes "old age" (65 years and over) 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
			SYMPTOMS--continued
795			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.
	795.2		Not applicable except in coding deaths.
	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.

Con-tent	Not used	New code	Category Title
			ACCIDENTS, POISONINGS, AND VIOLENCE (NATURE OF INJURY) (800-999)
			For NHS, 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 July 1, 1961:
			"Broken" or ruptured veins, NOS, or of specified site 467.2
			Concussion (jarring) not 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: code the latter only; due to injury, NEC: code as for Contusion; specified site, not due to injury: code under Hemorrhage, by site
			"Cracked" rib or other bone: code as for Fracture. If fracture is not indicated, and disability is slight or unknown, code "cracked" as for Injury NEC
			Fracture, of bones not 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 same part of body: code the latter only.

Con-tent	Not used	New code	Category Title
			ACCIDENTS, POISONINGS, AND VIOLENCE--Continued
			Injury of any kind to the infant during delivery, code as for Birth injury; to the mother, code as for Delivery.
			"Poisoning" not 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.
			"Stings" of bee, or wasp, or other insect; code as for Poisoning, by venom (978).
			"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 NHS 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, recent or old, 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 include fracture, and "broken," by site, if the specified part of the body contains bone,--as in arm, leg, hand, foot, back, neck. Exclude: "broken tooth"--see notes under 873 and 535. "fractured ear drum"--see 872 and 396.0. rupture of any site--see Vol. II under Rupture. rupture meaning hernia--see 848, 560, 561. all "disc" conditions--see 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 Exclude 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 Includes "broken arches," -3 mos, if due to injury. Excludes "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 dislocation is not also specified in the diagnosis.
839			OTHER, MULTIPLE, AND ILL-DEFINED DISLOCATIONS For NHS, include all "disc" conditions, -3 mos, provided they are specified as due to injury. Exclude "disc" conditions, -3 mos, not due to injury, and all "disc" conditions 3 mos+ (735); if 3 mos+, and due to injury, code 735.9.

Content	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.

Content	Not used	New code	Category Title
			LACERATION, CUT, OPEN WOUND OF SITES NOT INVOLVING SCALP, HEAD NOS, INTERNAL ORGANS (870-908) For NHS, 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 extremities 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 injury (396.9), or if of unspecified cause, any onset, (396.0).
873			OTHER AND UNSPECIFIED LACERATION OF FACE Includes broken tooth, due to injury, NEC, -3 mos; excludes it if -3 mos, and if of unspecified cause (535); if 3 mos+, code to X92 by the rules for impairments. Excludes traumatic avulsion ("cut off") 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

Content	Not used	New code	Category Title
			SUPERFICIAL INJURY (910-918) For NHS, includes, 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.
921			CONTUSION OF EYE AND ORBIT Includes also injury, unspecified nature, of eye (any part) and orbit; "black eye."
			EFFECTS OF FOREIGN BODY ENTERING THROUGH ORIFICE (930-936) For NHS, include 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. Exclude "splinter in finger," or other foreign material in parts of the body not 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 include traumatic blindness, deafness, and paralysis (due to nerve injury), -3 mos, as indexed by ICD. Exclude these conditions 3 mos+; code to the appropriate X-Code, with 9 in 4th digit.
			EFFECTS OF POISONS (960-979) For NHS, see also notes above 806, this Appendix.

Content	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.

APPENDIX III

Content	Not used	New code	Category Title
			980-999--Continued
997			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		LATE COMPLICATIONS OF AMPUTATION STUMP
	999.4		LATE COMPLICATIONS OF OTHER SURGICAL PROCEDURES
	999.5		OTHER LATE COMPLICATIONS OF THERAPEUTIC PROCEDURES

SHORT INDEX

of

DISEASES, IMPAIRMENTS, INJURIES, AND OPERATIONS

(Revised July 1, 1963)

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
National Center for Health Statistics
July 1963

1-Digit Etiology Codes for IMPAIRED VISION (X00-X05)

0 Unknown or unspecified origin
1 Refractive errors (congenital) (380)
2 Strabismus and other disorders of ocular movement (congenital) (384*)
3 Cataract (congenital) (385*) (and any other in 1-6. Excludes traumatic cataract (9)).
4 Glaucoma (congenital) (387*)
5 Affections of the retina (386*, 377, others) Includes retrolental fibroplasia, detached retina, and any disorder of retina with any other local disease of eye except cataract.
6 Optic atrophy NEC and other local diseases of eye NEC (congenital). Includes any condition in 370-388*--not affecting retina and not included in 1-5.
7 General infectious diseases (001-138)
8 General acquired diseases (140-369, 400-468, 590-594)
9 Accident or injury except at birth
X Congenital origin NEC or birth injury
Y Diseases and conditions not in 0-9 or X (noncongenital) (nontraumatic) (noninfectious) (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 inflamation, 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

0 other condition(s) of multiples in this accident

6th digit:

X yes, entry in Table II for this accident
0 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
0 Operation, NOT for the coded diagnosis
1 Operation, unknown if for the coded diagnosis
2 No operation done, or unknown if operation was done

SHORT INDEX OF DISEASES, IMPAIRMENTS, AND INJURIES
(Revised July 1, 1963)

For Index of Operations see page 24

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        lower X21
      arms, both X22
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      leg (at or above knee) X26
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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 multiple 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

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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
Cataract (any form) 385*
due to:
chronic active diseases: code 385 and the disease; see also Manual, Section VI, B.
injury, 3 mos+ 385.9*
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, influenza--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 527.2
Constipation 573.0

Contracture--see also Vol. II.
muscles and tendons of limbs, back, trunk, 3 mos+: see Deformity, 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, obstruction, thrombosis, etc.) (with conditions in 420.2, 422, 433, 434, 440-447, or 450) 420.1
Cough (chronic) (cigarette) (nervous) 783.3
with:
bronchitis--code bronchitis only
cold (head), acute 470*
Coxa valga and vara X85
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 Deformity, by site) X99
Cross eye (strabismus) 384
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, internal
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

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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 specified 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 conditions
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 underweight) (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
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*
rheumatic--see Rheumatic heart disease
intestine 578.0*
kidney or renal 603.3*--(see also App III, 603)
with:
arteriosclerosis and hypertension 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, unspecified type 327*
nervous, unspecified type 327*
prostate 612
retina NEC 386*
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
tonsils (and adenoids) (chronic) 510.0*; -3 mos 473
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*
"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

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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 reported.
  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 problem 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 Vision
Eyestrain NEC 388*

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Failure
  heart NEC 434.4*--see also Disease, heart
  kidney or renal NEC 603.3*--see also Disease, kidney
Fallen
  arches X82
  stomach 545.1*
  uterus 631
  other organs--see Vol. II, under Prolapse
False labor, before delivery 648.3
Farsighted 380
Fibroid (tumor) (uterus) 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 049.2
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 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

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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, any origin 387*
due to chronic disease: code 387 and also the disease. 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

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Hallux valgus or varus X84
Hammer toe X84
"Hard of hearing" see Hearing
Hardening of arteries--see Arteriosclerosis
"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
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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 Hypertension
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 arteriosclerosis) 443
kidney disease NEC--see Disease, kidney
nephritis--see Nephritis
"stroke" (with arteriosclerosis) 334; see also App. III, 330-334, and 352

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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
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*
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) (blister) (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
thrunk, external sites 996.1
Insomnia 780.7
due to nerves 327
Instability, joint ("joint slips out") (chronic)--see ORTH IMP, by site
knee X76
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
"Jerks", jerking--see App. III, 780.4*
Jungle rot 131

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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

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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 NEC, -3 mos 535*
    3 mos+ X92
  vision--see Vision
  voice -3 mos 783.5*;
    3 mos+ XII
  weight--see Underweight
Low
  "blood (count)" NEC 299*
    pressure 467.0
    sugar 270*
  metabolism 788.X*
  thyroid 253
"Lumbago", so stated 726.0
"Lumps" (any site) 797*
Lymphadenitis or lymph gland disorder NEC--see Infection, gland (lymph)*

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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 (nervous), not psychosis: code 635 only
  with 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 Psychosis
  disorder, ill-defined 327*
    see also App. III, 327*
Microcephaly (congenital) X93.X
Midget X94
Migraine (headache) (due to nerves or allergy) 354*
Miscarriage (abortion) 650.0--(see also Vol. II)
  at 7 months or more, code as Delivery
"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*
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

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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) (weakness) (worry) -ill-defined, NEC 327*--see also App. III, 327
with anxiety NEC 310
colon 316.1
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 epilepsy, by type
menopause 635: code menopause only
old age: code 794 only
headache 791
heart 315.0
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 site 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 forgetfulness) (with nervousness) 794*
with psychosis 304
"Open leg" 715*

ORTHOPEDIC IMPAIRMENT, NON-PARALYTIC, NEC 3 MOS+ (weakness) ("trouble") (pain) (stiffness)--see also Manual, Section VI, I.
Note: See also "Multiple Sites," below.
ankle(s) (and foot, feet) X77
arm(s) (any part(s)), (and shoulder(s)) X73
back, spine, or vertebrae (sacro-iliac) (entire back) (lower NEC) X70
coccygeal region (base or end) X72
upper X71
collar bone X79
elbow(s) X73
feet, foot X77
and leg(s) X76
and hip(s) X75
finger(s) (and thumb(s)) X74
and hand(s) X74
and arm(s) X73
foot, any part X77
groin X79
hand(s) (any part(s)) X74
and arm(s) X73
hip(s) (with leg) X75
congenital dislocation X85.X
knee(s) (and leg(s)) X76
leg(s) (any part(s)) X76
with hip(s) X75
multiple sites NEC X78
Note: If hip is involved, code X75, only.
arm(s) any part(s) AND
leg(s) any part(s) X78
AND hips X75
back or spine, any part, (lower), (upper) (neck)
AND
arm(s) and/or leg(s) X78
with hip(s) X75
shoulder(s) X78
finger(s) and toe(s) X78
neck region (of vertebrae) X71
and back X70
and shoulder X78
pelvis X75
rib(s) X79
sacro-iliac X70
shoulder(s) (and arm(s)) X73
"side" X79
spine--(see also back) X70
"end of" X72
thigh(s) X76
with hip(s) X75
thumb(s)--(see also finger(s)) X74

ORTHOPEDIC IMPAIRMENT-Continued
toe(s) (and foot any part) X77
and leg(s) X76
vertebra (see also back) X70
wrist(s) (and hand(s)) X74
and arm(s) X73
Overactive thyroid 252.0
Overeating--286.5* (see also Diet problems)
Overexertion 790.1*
Overtired 790.1*
Overweight--
Note: At any age or onset, if due to specified cause (thyroid) (overeating), code cause only. (See also App. III, 286.5, 287, and 788.4)
-1 yr (infants) 773.0
1 yr+, onset -3 mos, 788.4*
onset, 3 mos+:
cause unknown X96.0
due to overeating 286.5*
familial X96.Y
hereditary X96.Y

- P -

PAIN, site unspecified 788X
Note: For Pain, 3 mos+, referable to back, joints, limbs, see ORTH IMP, by site
abdomen 785.5
ankle 787.3*
arm (muscles) 787.1*
back (muscles) 787.5*
breast 786.7
chest 783.7
muscles of 787.7*
ear 394
elbow 787.3*
eye 388
face, facial 361
finger 787.1*
flank 785.5
foot 787.1*
gas (intestinal) 573.3*
stomach 544.2*
groin 787.7*
hand 787.1*
head--see Headache
heart 782.0
hip 787.3*
intestines (any part) 785.5
jaw 787.7*
joint(s) of limb(s) 787.3*
knee 787.3*
leg (muscles) 787.1*

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 weakness and lesser paralytic residuals, 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
"Plate" in head or skull (3 mos+) X93
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
"Pockets"--see Vol II under Diverticulitis, by site
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
    allergic 245
Poliomyelitis (acute) 080.3
  active 080.3
    bulbar 080.0
    nonparalytic 080.2
    paralytic, acute 080.1
  inactive or old, 3 mos+
    with paralysis or other defects--see Manual, Section VI
Postnasal drip 517
Posture, poor NEC X89
Precancerous growth, skin, NEC 711
Pregnancy--see also Vol. II.
  before delivery:
    "normal"--do not code
    with:
      anemia, arising in pregnancy 646
      hemorrhage 644
      hypertension, arising in pregnancy 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, backache) 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), spastic--see next page and also App. III, 780.4, 787; Section VI, H3 and I, of the Manual; and Vol. II

Spasm(s) (muscles)
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 978
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 diseases--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, internal
  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 hypertension) (with arteriosclerosis) 420.1
  leg 466
  lung 465
Tibial torsion X84
Tic (nervous) (facial) (eyelid) 780.4*
  douloureux 361
"Tongue-tied" X11
Tonsillitis or tonsils "bad", "diseased": see also Manual, Section III, F, 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*
    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 Vision, poor
    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) (malnutrition) 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

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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," defective, poor-not blind--see also Manual, Section VI, B
-3 mos: code cause if known
cause unknown 388*
3 mos+: one or both eyes X05
"double," any onset 384*
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 problem 321.3*
eyes NEC 388*
eye muscles 384*
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) --see also Vol. II.
abdominal regions, external 879
arm, one only NEC 885
lower (forearm) 881
upper (and shoulder) 880
both arms 900
eye, eyelid 870
face 873
feet, both (any parts) 901
finger(s) of one hand 884
of both hands 903
foot, except toe(s) only 893
hand, one only 883
both hands 903
head 856
knee, one 891
both knees 901
leg, except thigh 891
both 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 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 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

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 disorder 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

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