

Health Interview Survey

Medical Coding Manual and The Short Index

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

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NATIONAL CENTER FOR HEALTH STATISTICS

DIVISION OF HEALTH INTERVIEW STATISTICS

HEALTH INTERVIEW SURVEY

MEDICAL CODING MANUAL

AND

THE SHORT INDEX

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Short Index of Diseases, Impairments, and Injuries

Index of Operations, For HIS

A. The Health Interview Survey

Approximately 42,000 interviews are 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 provide a statistical picture of illness and disability in the civilian, noninstitutional, 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 divisions of the National Center for Health Statistics, is a part of the Department of Health, Education, and Welfare. The NCHS contracts with 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 findings of the survey are analyzed and published by the National Center for Health Statistics.

B. Importance of the Medical Coding

Medical coders play a very important part in the success of the Health Interview 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 diagnostic code for the condition causing the sickness or disability is derived from the Eighth Revision, International Classification of Diseases (adapted for use in the United States), 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 VI.

D. The Short Index

The Short Index, developed by the Health Interview Survey, 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 Volume 2 of International, or is modified in the Short Index in a manner that differs from that shown in Volume 2. 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 Volume 2. 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. Organiza-
tions HIS Health Interview Survey
NCHS National Center for Health Statistics
 2. Certain
classifi- ICDA International Classification of Diseases
cations E-Code External Cause of Injury Classification
and ref- Y-Code of ICDA; not used for HIS
erences Y-Code Supplementary Classifications of ICDA,
to them X-Code X-Code for Special Impairments (X00-X99)
Vol. 1 Tabular list of ICDA
Vol. 2 Alphabetical Index of ICDA
000-779 Used in various discussions to indicate the
span of numbers of ICDA from 000 through 779,
constituting the main body of the classifi-
cation for diseases.

780-796,
797,798 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 400-404 (hyper-
tensive diseases), etc., etc.
 3. Certain Col Column
parts of Cols Columns
the ques- Cond. Page Contains facts about accidents, diagnoses,
tionnaire medical care, disability, dates first
and booklet noticed, etc.
Hosp. Page Where hospital admissions are recorded.
 4. Time of Onset When a condition started
onset of -3 mos Within past 3 months
a condi- 3 mos+ 3 months ago or longer
tion -2 wks Within past 2 weeks; "last week or the
week before"
-12 mos Within past year
12 mos+ 1 year ago or longer
 5. Other NOS Not otherwise specified, or so stated -
abbrevia- in reference to a medical term.
tions in NEC Not elsewhere classified in a particular
Manual and listing or some other place in the various
Short classifications - in reference to a medical
Index term.

E. Abbreviations-
Continued

5. Other abbreviations in Manual and Short Index- <u>Continued</u>	App. ORTH IMP OP	Appendix Orthopedic impairment of the lesser kinds in X70-X79 - not paralysis and not deformity; " <u>see</u> ORTH IMP," in the Short Index, is a referral to the listing under Orthopedic Impairment NEC. Operation: " <u>see</u> OP NEC" is a referral, in the Short Index, to the listing under Operation, NEC.
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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 ICDA, in Vol. 1, and must be thoroughly prepared to recognize all departures from ICDA 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.

1. ICDA 3-digit categories
Review the listing on pp. 2-37, of Vol. 1. 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 ICDA are not used by HIS.
2. Comparing the Tabular List, Vol. 1, with Appendix III
The Tabular List begins on p. 42 of Vol. 1. Note the explanations on p. 43. Read the explanatory notes for Appendix III. Next, compare each category listed in Appendix III with that category as listed in Vol. 1, Tabular List, beginning with 011 and continuing through to 999, noting statements beginning "For HIS"; these tell in what way the HIS method differs, or call attention to some provision that is especially important for HIS. This first reading is also intended to acquaint the new coder with more detailed kinds of diagnoses, both in the technical language of Vol. 1 and the more common kinds of terms discussed in Appendix III.

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. 2. Read the Introduction to Vol. 2, but omit all references to "late effects" because the HIS method of coding late effects is different from the ICDA method; references to the E-Code and Y-Code may be read but neither of these codes are used by HIS.

Attention is called to the special use of parentheses, 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. x, will be helpful, as the Short Index refers the coder to Vol. 2 for all sites and types of tumors. The HIS rules for coding neoplasms are in Appendix III (140-239).

In using Vol. 2 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 HIS, operations on the hospital page 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. 2, 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. 1 and 2, 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.

SECTION II. CLASSES OF CHRONIC AND ACUTE CONDITIONS 7

A. General
rules

1. Each condition to be included in the survey statistics must be identified by the Medical Coder as either chronic or acute, according to HIS definitions and procedures set forth in this Section. The modifiers "acute" or "chronic," alone, which the respondent may happen to use will not affect any of the codes to be used.
2. All codable conditions will be given, in addition to the diagnostic code, a supplementary 1-digit code as follows:

- 1 - chronic
- 2 - acute

(In the following instructions "1" will stand for chronic, "2" for acute, in referring to this supplementary 1-digit code.)

3. For instructions for assigning the diagnostic code for acute or chronic - see item E, below.
4. Effective January 13, 1969, the 4th digit "9" of the 4-digit diagnostic code for a condition will indicate a chronic condition due to accidental injury only in certain situations - not all, as formerly. For details, see General Notes 5 and 6 for categories 800-999 in Appendix III of the Manual.

B. When to
assign "1"
(chronic)

A condition is assigned "1" when it meets one or more of the following specifications: (a) had its onset 3 mos+, except complications of a current pregnancy; (b) qualifies for a diagnostic code for an impairment with "X" in the first digit; or (c) is one of the selected conditions included in item C, below. (For full details about onset and other matters affecting the coding of impairments, see Section V, and Appendix I of this Manual.)

C. Selected conditions, coded "1", regardless of onset

Note: See exceptions listed below for certain types and causes of allergy, arthritis, epilepsy, hives, hypertension, or rheumatism - which will be assigned "2", if so reported. Otherwise these diseases and all other conditions included in the following list of selected conditions will be assigned "1", regardless of onset - i.e., whether 3 mos+, or -3 mos.

- Absence (loss) of breast, ear, eye, kidney, larynx (voice box), lip, limb(s), lung, nose, or tongue

Alcoholism (as in 303)

Allergy, any, except cases with onset in past 3 months and due to drugs, chemicals, or procedures in 960-989, 997-999, or to contactants or radiation (including sunburn) in 692.0-692.4, 692.6-692.9.

Arteriosclerosis

Arthritis, any type or cause, except when due to current acute injury

Asthma, any type

Bronchiectasis

Calculi (stones) any part of urinary system

Cancer, any type

Cardiac condition, any type

Cataract, any type or origin (as in 374)

Cerebral palsy (and synonyms) (as in 343)

Cerebrovascular disease (as in 430-435, 438)

Clawfoot

Cleft palate

Clubfoot

Color blindness (in 377)

Congenital condition, any

Coronary conditions (as in 412-414)

Cyst, any site or type

Deafmutism; other total deafness in X06

Detachment of retina (in 377)

Diabetes, any form

Drug addiction or dependence (as in 304)

Emphysema

Epilepsy (as in 345) except when due to current acute injury

Flatfoot

Glaucoma, any type or origin (as in 375)

Goiter

Gout, any type or cause

"Growth" (in) (on), any site

Harelip

Hay fever (and synonyms) (as in 507)

Heart or cardiac disease, any type or cause

Hemeralopia (day blindness) (in 378)

Hemorrhoids (piles)

C. Selected conditions, coded "1", regardless of onset--
Continued

Hernia (or "rupture") (as in 550-553)
 Hives, with exceptions shown with Allergy, above
 Hypertension except that arising in current pregnancy
 Loss - see Absence, above
 Mental deficiency, or retardation (as in X15-X19)
 Mental disorders of types in 300-305, 308, 309
 Mole (pigmented) (nonpigmented) (benign) (malignant)
 Mongolism (or synonym)
 Multiple sclerosis
 - Neoplasm (any in 140-239)
 Neuroses (in 300)
 Nyctalopia (night blindness) (in 378)
 Paralysis agitans (Parkinson's disease) any cause
 Personality disorders (in 301)
 Polyps, any site
 Prostate condition, any
 Psychoses, any type (as in 290-299)
 Refractive errors (as in 370)
 Retardation, mental (as in X15-X19)
 Retinal conditions in 376, 377 except amblyopia
 Retrolental fibroplasia
 Rheumatic fever, active or inactive
 Rheumatism (muscular) except due to current acute injury
 Rupture meaning Hernia (as in 550-553)
 Specific learning disturbance (as in X14)
 Stones (calculi) any part of urinary system
 Stroke or other cerebrovascular disease (as in 430-435, 438)
 Thyroid (gland) condition, any
 Tuberculosis, any site or stage
 Tumor, any in 140-239
 Ulcer of stomach, duodenum, or jejunum
 Varicose veins of any site

In addition, such terms as atrophy, contracture, deformity, degeneration, dystrophy, fibrosis, sclerosis - of any site - will be coded "1", regardless of onset.

D. When to assign "2" (acute)

A codable condition is assigned "2" if it: (a) had its onset in past 3 months and does not qualify for "1" as in items B and C, above; or (b) is a current delivery or current complication of pregnancy or the puerperium in 630-678.

E. Assigning the diagnostic code for acute, chronic, or unspecified

1. Conditions with a third ICDA code for unspecified whether acute or chronic, as in bronchitis (490) or nephritis (583): HIS will use these "unspecified" codes only in rare cases in which the date of onset cannot be determined from any source.
2. Tonsil (and adenoid) conditions: 463 (acute); 500 (chronic).
 - a. If on Condition Page only, 463 will be used if -3 mos; 500, if 3 mos+.
 - b. If on Hospital Page only, or on Condition Page and also on Hospital Page - with or without surgery - 500 will be used, regardless of onset.
3. Other conditions - not tonsil (or adenoid) conditions - having one ICDA diagnostic code for acute, another for chronic:

Note: The Medical Coder must become familiar, from Appendix III, with those ICDA categories for "acute" or "subacute" - as in coronary disease, cerebrovascular disease, glaucoma - which are not used by HIS, and in fact must be prepared to comply with all modifications in all ICDA categories listed in Appendix III.

For acute, subacute, or chronic ICDA diagnostic categories not deleted by HIS, the following guides are to be used:

The ICDA modifiers "acute," "subacute," "chronic," seen in a Vol. 2 listing, will not necessarily affect the HIS coding. If a condition could qualify for "1" or "2," HIS will use the ICDA diagnostic code for "acute" if the onset is -3 mos, or the one for "chronic" if onset is 3 mos+. If a condition qualifies for "1", regardless of onset, the general rule will be to use the ICDA diagnostic code for chronic, even if onset happens to be in past 3 months.

If a condition is on the Hospital Page only, and no other guide or instruction is applicable, and there is no clue or indication as to whether this condition is acute or chronic, use the diagnostic code for acute (-3 mos).

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 of this Manual.

A. The Objective

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

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

B. Expressions Indicating Doubt

The interviewer tries to get an adequate description of a condition and in certain cases asks for its cause and its "kind." The medical coder uses these answers, and footnotes, in determining the diagnostic code. If the respondent expresses his own doubt or uncertainty by expressions such as "possibly," "probably," or says "_____ or _____," or that something is "like" something, use the following restated guides:

1. If the condition is positively stated but the cause or "kind" is not, or expresses doubt in any way, ignore this cause or this "kind" and code the condition as stated.
2. If the condition is not positively stated, but the cause or "kind" is, make use of this cause or "kind" in determining the code for the condition.
3. If the condition expresses doubt in any of the following ways, proceed as shown:
 - a. If qualified by "possibly" or "probably" or a similar expression, accept the condition.
 - b. If alternatives are listed, i.e., "_____ or _____," or "_____ like _____," accept the first.

B. Expressions 4. Examples (with "1" (chronic) being the supplementary code):
Indicating
Doubt--
Continued

	<u>Condition</u>	<u>Cause</u>	<u>Kind</u>	<u>Code</u>	
a.	Back trouble	Possible kidneys	D.K.	X70.0;	ignore kidneys
b.	Back trouble	D.K.	Probably slipped disc	X70.0;	ignore disc
c.	Bursitis or arthritis	Blank	Blank	731.9;	code the first
d.	Rash like acne	D.K.	Blank	788.2;	code the first
e.	Possibly asthma	D.K.	D.K.	493;	accept asthma
f.	Probably asthma	Heart	D.K.	427.1;	accept asthma and cause
g.	Asthma	Heart or allergy	D.K.	493;	ignore cause

C. Overcoding,
Undercoding There are certain provisions as will be seen later 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. Also, 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. 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". Overcoding or undercoding should be avoided.

D. "Arrested,"
"Inactive,"
"Corrected"
Chronic
Conditions 1. HIS does not use ICDA code Y03 for arrested cases. For two diseases only HIS has special codes for arrested cases as follows, as shown in Appendix III:

- 137 Tuberculosis (pulmonary)(any site), arrested or inactive
 399 Rheumatic fever, inactive (old)(history)
 Includes rheumatic fever (and synonyms), with no mention of rheumatic heart disease, with no bed days in past year.

These codes must be used when tuberculosis, or rheumatic fever, is said to be arrested, inactive, corrected, or cured--whether this is the condition, the "cause," or the "kind"--and whether or not surgery is involved.

- D. "Arrested,"
"Inactive,"
"Corrected"
Chronic
Conditions--
Continued
2. For other "arrested" conditions with surgery involved, see item H of this Section.
 3. Infections, other than those in 1 above, when mentioned only as the cause of impairments or other chronic conditions, and which are not listed as conditions, per se, will be regarded as inactive; don't code this infection as a separate disease.
 4. Other chronic conditions, said to be "arrested," "inactive," "corrected," "cured," and NOT known to have been arrested for more than 1 year, will be coded as if present and active, whether or not they caused disability or limitation in past year. However, if the person says that this conditions has been "arrested" or "cured" (etc.) for more than 1 year, and the condition has caused no ill effects, and no disability or limitation of any kind in the past year, do not code it.
 5. Note: Codable acute conditions will be coded by diagnosis, whether or not said or indicated to be arrested, inactive, corrected or cured.
- E. Symptoms
and
Troubles,
General
- See Appendix III, categories 780-796, 797, 798, noting the many modifications made by HIS; some of these categories of symptoms and ill-defined conditions are not used, as such, their inclusions having been moved by HIS within 000-779; some are retained by HIS but only if onset is -3 mos. Certain symptoms are classified by ICDA within 000-779--for example, diarrhea (009.1), and backache (728.9).
- Many symptoms--particularly those expected to be reported frequently are listed in the Short Index--examples being cough, headache, pain, stiffness, swelling, diarrhea, vomiting, weakness.
- The general rule is that a symptom is to be coded in terms of its cause if the cause is known by the respondent.
- "Trouble" of any site, as well as "ailment", "attack", "condition", "defect", "disease", "disorder"--of any site--is regarded as ill-defined although codes can be found for them. For these terms the interviewer asks "What kind of ... is it?" A more specific description--such as myocarditis, rather than heart trouble, or psychoneurosis, rather than mental disorder--is sought.

F. Coding
Symptoms,
and
Troubles,
and Their
Causes

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

For symptoms, "troubles", and anything else, due to injury, see Section VI. For complications of surgery, see also item H, below.

For symptoms and "troubles", which if 3 most, are codable to the X-Code, as impairments, see Section V; for such symptoms -3 mos, and for symptoms not mentioned above, use the rules below:

1. Symptoms due to:

- a. Overeating: code 278.9 only; poor eating habits or bad diet NEC: code 269.9. See also ICDA categories 268, 269.9, 278.9, and categories 268, 269.1, 269.9 in Appendix III.
- b. Old age: see Appendix III, 794.
- c. Menopause: see Appendix III, 627.
- d. Pregnancy or in puerperium: see Appendix III, 634.Y, and 677.8.
- e. Other symptoms: code the other only.
- f. Causes that are not medical conditions or are not classified in ICDA or by HIS: code the symptom only. Such causes are "having too many children," ordinary bad winter or summer weather, getting the feet wet, sitting in a draft: code the symptom only.
- g. More specific disease names: the general rule is to code the latter only.

F. Coding
Symptoms,
and
Troubles,
and Their
Causes--
Continued

2. Multiple symptoms unknown cause, same illness:

Following are examples with codes for each if both were to be coded:

Acid stomach (536.0) and indigestion (536.9)
Dizziness (780.5) and upset stomach (536.9)
Nausea (536.9) and diarrhea (009.1)
Fever (788.6) and cough (783.3)
Pain in heart (782.0) and fast heart (427.9)
Headache (791) and toothache (525.8)
Backache -3 Mos (728.9) and headache (791)
Bleeding of gums (523.9) and mouth (528.9)
Pain in head (791) and eye (378)

The rule will be to select one, as follows:

- a. If one is said by the respondent to be more serious than the other, select it.
- b. Prefer a code in 000-779 over one in 780-798.
- c. If both are in the same 4th digit series, prefer the lowest number--i.e., 4th digits 0, 1, 2, over 3, 4, 5, etc.
- d. If both upper and lower digestive system symptoms are present, prefer those of the lower site; if both upper and lower respiratory symptoms are present, prefer the lower.
- e. If one is codable to the X-Code, and the other is not, select the X-Code. For example, headache and chronic stiff back: code X70.0 only.
- f. If none of these selecting guides seem to apply, take the first one mentioned.

3. Troubles - kinds and causes:

Make use of all available information in order to arrive at the most specific disease name. In case the questioning produces only a symptom or something else ill-defined, code to the "trouble," as a general rule.

Exception: When the trouble is something in 319 and the cause or "kind" is a symptom in 306 or something else in 290-309, prefer the latter over 319.

Cause must be considered also, especially when it is psychogenic (due to "nerves"). (See also item G, this Section.)

F. Coding Symptoms, and Troubles, and Their Causes--Continued

4. Examples in coding symptoms and "troubles":

<u>Condition</u>	<u>Cause</u>	<u>"Kind"</u>	<u>Code</u>
Skin trouble.....	Nerves....	Rash and itching.....	305.0
Heart trouble.....	Overwork..	DK.....	429.9
Stomach trouble.....	DK.....	Acid stomach and pain....	537.1
Stomach trouble.....	Nerves....	Pain.....	305.5
Lung condition, not TB..	DK.....	Cough; spits blood.....	519.2
Bronchial condition.....	DK.....	Bronchiectasis.....	518
Gallbladder trouble.....	DK.....	Can't eat certain foods..	576.2
Liver disease.....	DK.....	Jaundice.....	573.1
Upset stomach.....	Hangover..	Blank.....	303.9
Nervous trouble.....	DK.....	Hands shake.....	319
Weakness and nervous....	Old age...Blank.....		309.6
Indigestion.....	Old age...Blank.....		536.9
Headache.....	Nerves....Blank.....		306.8
Thyroid trouble.....	DK.....	Feels jumpy.....	246.0

G. Nervous or Mental Trouble

See Appendix III, categories 290-309, 319, 790.0, 790.2 for many HIS modifications and instructions. Note inclusions and exclusions in special HIS category 319 (Nervousness, depression, NOS).

See also Short Index under such headings as:

Addiction; Alcohol; Breakdown, nervous; Depression; Disease, mental; Disorder, mental; Disturbance, emotional; Drunkenness; Emotional; Excitable; Exhaustion; Hangover; Insomnia; Menopause; Mental; "Mind bad"; Nerves; Old age; Psychosis; Senile; Sleep; Tension; Tic; Upset; Worry.

Following are descriptions of "nervous" conditions, 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 306.4.
2. Nervous, due to overactive and toxic goiter: 309.5 and 242.0.
3. Pains in head, upper back and shoulder, past year, due to lack of sleep and nerves brought on by daily irritation and stresses: 306.4.
4. Nervous, depressed, due to epilepsy: 309.4 and 345.9.
5. Takes medicine for insomnia; has chronic nervous trouble, feels shaky: 306.4.
6. Nerves, gets dizzy spells: 319.

- G. Nervous or Mental Trouble--Continued
7. Nervous trouble, can't remember things, due to hardening of the arteries: 309.3 and 438.9. (Regard the physical cause as cerebral arterio-sclerosis.)
8. Migraine headache due to nerves: code 346 only.
- H. "Removal" and Other Operations, Listed on Condition Page
- Terms on the Condition Page such as "removal of ____", "repair of ____", hysterectomy, and other surgical terms, without further information present coding problems.
1. Operations said to have been performed more than 1 year ago: If no complications are mentioned or implied, as in item H, 4, below, and there has been no disability or limitation of any kind in the past year because of this surgery, ignore the surgery. If the condition which required the previous surgery is known--and it is one which is correctable by surgery--such as cataract, detached retina, stomach ulcers, neoplasm, cleft palate--and this has caused no disability or limitation or difficulty of any kind in the past year, ignore it also.
Examples, postoperative terms, surgery 1 year plus:
- Cataract removed 2 years ago--no complications, no trouble seeing, no disability in past year due to cataract: ignore
 - Cleft palate repaired 10 years ago--no complications, no disability in past year: ignore
- Note: Operations listed on the Condition Page not said to have been done more than 1 year ago will be regarded as having been done in the past year, even though possibly not listed also on the Hospital Page. However, if the operation is for removal of any of the extremities or sites listed in X20-X39 which result in a permanent impairment (such as removal of breast) only the impairment is to be coded if the operation was performed more than 1 year ago.^{1/}
2. Names of operations (in past year) on Condition Page with no present surgical complications mentioned and with no mention of disease or injury which required the surgery will be coded to 796.9 (Unknown), except:
- Circumcision, not routine: code 605.
 - Obstetrical procedures: code as for Delivery.
 - Tonsillectomy (or adenoidectomy): 500.
3. Names of operations (in past year) on Condition Page, with no complications due to the surgery, but with mention of disease or injury which required the surgery: ignore the surgery; code the disease or injury without reference to surgery.

H. "Removal" and Other Operations, Listed on Condition Page--Continued

4. Names of operations with mention or indication of a complication due to the surgery:
Note: When there is a present codable complication of surgery, it will be coded regardless of when the surgery was done.
 Follow all instructions as shown in Appendix III, categories 997-998 (Complications of surgical procedures)--in general notes 1-5, and as shown under 997.0, 997.2, 997.3, 997.7, 997.8, 997.9, 998.7, 998.9. See also ICDA categories in 997-998 not explained further in Appendix III.
5. Names of operations (in past year) with codable complications, and also with mention of disease or injury requiring the surgery:
 Code the disease or injury also if still present and active. If surgery was done because of an old injury, or old infection, do not code such injury or infection separately; code only the complication. If it was done (in the past year) because of some incurable disease or some chronic disease active now or at any time in past year, code this disease also, in addition to the complication.
6. Examples, postoperative terms on Condition Page (surgery in past year):

<u>Operation</u>	<u>Present Complication Due to the Surgery</u>	<u>Cause Requiring Operation</u>	<u>Code(s)</u>
a. Hysterectomy	Not stated	D.K.	796.9
b. Hip operation	Not stated	Perthes' disease	722.1
c. Breast removed	Arm swollen Nervous due to this	Cancer	X38.4;997.3;174
d. Removal, gallbladder	Stomach trouble	Gallstones	998.9;574.9
e. Part of stomach removed	Stomach trouble	Stomach ulcer	997.9;531.9
f. Cleft palate repaired	Not stated	Cleft palate	X91.X
g. Leg removed	Not stated	Diabetes	X26.5;250.9
h. Operation	Stitch abscess	Bowel obstructed due to cancer	998.5;153.9
i. Operation, past month	Side hurts	Hernia	551.9
j. Operation on hip	Not stated	Fracture, -3 mos	820
k. Operation on hip	Trouble walking, since operation	Fracture, 3 mos+	X79.9;998.9

I. Asthma and
Other
Allergies

See Appendix III, 491, 493, 507, 692, 692.5, 692.9, 709.
See also the Short Index for references to allergy under
such headings as:

Allergy, Asthma, Bronchitis, Conjunctivitis, Cystitis,
Dermatitis, Eczema, Gastroenteritis, Headache, Hay fever,
Hives, Migraine, Poison Ivy, Urticaria.

For allergy associated with "shots", see Appendix III,
999.4, 999.5, and the Short Index under Allergy due to
"shots". For allergy due to drugs taken internally for
treatment purposes--not preventive--code to the drug
specified in 960-979 as shown in the Table of adverse
effects, Vol. 2.

For allergic reactions to drugs, chemicals, procedures
codable to the "injury" numbers, a separate code for the
allergic manifestation (skin, gastrointestinal, or
whatever) is not required.

J. Cysts

1. See the Short Index under "Cyst", and also Vol. 2 under
"Cyst", for sites and types. See also Appendix III,
218, and the general notes for 140-239 (Neoplasms).
2. Code a "fatty" cyst as for a sebaceous cyst.
Code a "fatty" tumor as for a lipoma.
3. Cyst, or neoplasm, said to be due to injury:
 - a. If the interviewer has asked the special questions
required for all injuries, code this cyst or
neoplasm by the rules for injuries, as in Section VI.
 - b. If these special questions for injuries have been
left blank, code as if not due to injury.

K. "Disc"
Conditions

1. See Appendix III, 725, and 839; see also Short Index
under "Disc".
2. The term "disc", NOS, refers to the intervertebral
discs as in 725.0-725.9. If a report indicates a condi-
tion involving some other disc--for example, optic
disc--code as reported.
3. For specified conditions 3 most with a disc injury (839)
as the original cause:
 - a. If the condition is neuritis, radiculitis, sciatica,
or pain or trouble codable to X70-X79, code to 725
only, according to the site of the disc.
 - b. If the condition is paralysis or arthritis or some-
thing not included in 725, code to those conditions--
not 725.
 - c. In no case will the number 839 be used.

- K. "Disc" Conditions-- Continued
4. For present conditions due to surgery for a disc condition: see rules in H, 4, and H, 5, of this Section. For example, stiff neck, 3 most+, due to operation for a slipped cervical disc, would be coded to X71.Y, 998.9, and 725.0. However, a slipped disc said to have been treated surgically more than 1 year ago, with no present complications and no disability or limitation in the past year would not be coded in any way; but if there had been disability in the past year, but no specified complication due to the surgery, slipped disc only would be coded.
- L. "Pinched Nerve"
- See Short Index, under "Pinched" nerve.
- M. "Gland" Conditions
- See Appendix III, 797 ("Gland trouble" NOS); 782.7 (Enlargement of lymph node); and 683 (Acute lymphadenitis).
- A "kernel" in the groin or in the armpit: code as for enlarged glands (lymph)(782.7).
- "Swelling of gland in breast": code as for hypertrophy of breast (611.1). This number is used for enlarged breast among males as well as females. See also Vol. 2 under "Hypertrophy, breast".
- N. "Growths"
- See Short Index, and Vol. 2, under "Growth". "Growth" with perhaps an ill-defined or vague reply as to "kind," will notwithstanding be coded as for Neoplasm, Vol. 2.
- "Growth"--further explained to be something clearly not a neoplasm, will be coded as reported.
- O. Heart Conditions, Ill-defined, or due to Certain Causes
1. "Stitch", "catch", or pain in heart NOS: code to 782.0.
2. "Spasm" of heart NOS: code as for Angina, as per ICDA.
3. "Enlarged heart": code as per ICDA under "Hypertrophy, cardiac", Vol. 2. If by chance a cause is given, and it is not a more specific type of heart disease, but is something like "overweight", code the enlarged heart to 429.0; ignore the overweight, or other non-cardiac term, unless it is reported on a separate Condition Page.
4. Symptomatic heart disease: see Appendix III, and Vol. 1--categories 427.0-427.9. See also 305.3 for heart disease (symptomatic) specified as psychogenic or due to "nerves". See also Appendix III. 782.1, 782.2, and 782.4.
5. Disease, heart, described as allergic, or due to allergy: code 429.9.

- O. Heart Conditions, Ill-defined, or due to Certain Causes--Continued 6. Heart trouble or disease (429.9): see also Short Index under "Disease, heart". Do not code 429.9 if a more specific type of heart disease is mentioned.
- P. "Nonfunction" "Nonfunction", "dysfunction", "malfunction", "doesn't work properly", "sluggish": code as for "Trouble (of)", or "Disease (of)", in Short Index.
- Q. "Sensitive" See Short Index, under "Sensitive".
- R. Pregnancy, with Hypertension and other Toxemias See ICDA categories 635-639 (Urinary infections and toxemias of pregnancy and the puerperium). (See also Section VII of this Manual for full instructions for coding conditions related to childbearing.) The numbers 635-639 refer to certain conditions arising in a current childbearing experience, and are coded as "acute". If the woman is no longer pregnant, hypertension and other conditions included in 635-639 will be coded as they would be in the non-pregnant state. If the woman is not pregnant, but says she had hypertension, or any in 635-639, when she was pregnant, but does not have this now, treat the report as history, and don't code it.
- S. Spelling Problems The coder will refer to the supervisor any terms spelled in an unintelligible manner. If no one can figure out what was intended, and the episode is otherwise codable, use 796.9 (unknown).
- T. Typhoid, and other Carrier States These are classified by ICDA to Y05.0-Y05.9. HIS does not use the Y-codes. Carrier states, per se, do not constitute illness; ignore them. However, if the person reports a codable complaint in connection with the carrier state, code it, but not to one in Y05. In no case is this to be charged to typhoid or some other disease "carried".
- U. When to Use 796.0 or 796.9 See ICDA, 796.0 (Other ill-defined conditions). This code may be used if some disease process is stated--such as fibrosis NOS--but the site or type is not mentioned--and the indexing shows no code for unspecified site or type.

Use 796.9 when an illness must be coded, but the disease process is not stated and there is not enough information to tell what the condition is.
- V. Terms Not in Short Index or Vols. 1 or 2 Consult the supervisor.

A. "Combining"
1. General

"Combining" (a term of convenience) refers to the procedure for assigning a single diagnostic code when certain of two or more closely related conditions are reported for the same person. The kinds of conditions involved in this procedure have been established by ICDA and/or by HIS as shown in Appendix III.

Combining may involve two or more related conditions on the same Condition Page; or it may involve related conditions on separate Condition Pages; in the latter situation "Merging" as shown in item B of this Section becomes in order.

"Combining" is applicable to a single Hospital Page if by chance two or more related conditions are given as the reason for one admission--for example, "heart and hypertension". However, a condition on a Condition Page will never combine with a condition on a Hospital Page, and a condition on a Hospital Page will never combine with a condition on another Hospital Page.

Conditions which can be combined have their own code numbers, but when combined the single code to be used may be different from that of any of the parts, or it may be the same as one of the parts. For example, cold is 460, influenza is 470, but combined the code is 472; but for cold (460) with cough (783.3), the code is 460.

"Combining," for HIS, includes also the selection of a single condition when one or more others in the same series are also reported; for example, as shown in Appendix III, only one in 290-309, 319 is to be coded, preference given to one in 290-299 over others.

2. Specific rules

Follow all ICDA and HIS rules for combining, selecting, or otherwise using only one code when two or more related conditions are reported for the same person. Consult the Short Index first, and if the conditions to be coded are not there, go to Vol. 2.

- a. Look for the word "with" indented directly under a term, or in parenthesis after it, as shown in the Short Index in conjunction with such terms as Angina; Arteriosclerosis; Asthma; Bronchitis; Cold; Coronary conditions; Diarrhea; Disease, heart; Disease, renal; Hay fever; Hypertension; Influenza; Nephritis; Pneumonia; Sinusitis; Stroke; Tonsillitis; Ulcer, stomach; Whooping cough; and many others; code as indicated. For example, if a person has hay fever and also asthma, code as for hay fever with asthma--using the single code 493.

A. "Combining"--
Continued

2. Specific
rules--
Continued

- b. Certain chronic diseases can be combined, even though not linked in the Index by the word "with". For example, in Vol. 2, under the main entry "Arteriosclerosis, arteriosclerotic" (coded to 440.9) is the indented term "parkinsonism 342"; regard this as equivalent to arteriosclerosis with parkinsonism, or "arteriosclerotic parkinsonism" and use the code number for parkinsonism (342). This applies as well when the indented chronic disease is expressed in adjective form; for example, in Vol. 2, under "Degeneration, heart" (coded to 428) is the term "gouty 274"; use the code shown with the indented term--in this case 274.

Note: See the Short Index for an HIS exception to this rule in the case of "Bronchitis, emphysematous"; code as instructed in the Short Index.

- c. For acute codable active infections or inflammations NOT in 000-136, which are reported as due to or with acute codable active infections in 000-136, (except 0.79.9)* code the latter only. For example, if a cold or pneumonia is codable and acute, and strep throat (0340.0) or measles (055) is also reported and is codable, combine, and code only to the condition in 000-136. This rule applies to acute infections of the respiratory system or of any other part of the body. For example, kidney infection and mumps: code mumps only.
- d. Look for the word "multiple" in the indexed listings in the Short Index under such headings as Allergy; Burn; Cancer; Contusion; Infection, respiratory, upper; Injury, superficial; Neuralgia; Orthopedic Impairment NEC; Pain; Paralysis; Sprain; "Trouble"; Wound, open; code as shown. When there is a code or a rule for "multiple sites" in the Short Index, Appendix III or in Vol. 2, make use of it. For example, if neuritis, facial (350), and neuritis, arm (352) were reported for the same person, use the single code 354 (Polyneuritis and Polyradiculitis). (See also Appendix III, category 354.)

B. "Merging"

1. "Merging" refers to the consolidating of the data about medical care, date of onset, disability, etc., when conditions or sites that can be combined are on separate Condition Pages. It does not apply to the Hospital Pages in any way.

*Revised 2/5/71

B. "Merging"--
Continued

2. Determine the single diagnostic code to be assigned (as shown in A of this Section) and apply this to one of the conditions--usually the one showing the greatest disability or providing the most complete information. On the other page(s) involved, write in red in the left hand corner of the page "Combined with condition number --".
3. For data shown before "AA" of the questionnaire:
 - a. Talked to Doctor: record "yes" if any in the merger is "yes".
 - b. Cut-down in past 2 weeks: record "yes" if any did, and show the maximum number of "days" of each type. If all had no cut-down, record "no".
 - c. Date of onset: shows the earliest date of onset.
4. For data beyond "AA":

If this is shown for at least one of the conditions to be combined, use it. If shown for 2 or more, merge the data and record "yes" if any is "yes", and the larger, or earlier, or more significant shown in the other items.

A. General

See Appendix I for: history and development of the X-Code; general characteristics of impairments: ICDA Codes for impairments; how late effects of disease or injury are coded for HIS; the two lists of etiologic (cause) codes; and the full numerical classification of impairments by type and site (X00-X99). The X-codes for impairments 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 (00-99) tell the type and site; and the 4th digit (0-9, X or Y) tells the cause.

The majority of impairments are coded to the X-Code only if present 3 months or longer. However, 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. Any condition to be coded with "X" in the first digit is given the 1-digit supplementary code of "1" (chronic), as mentioned in Section II of this Manual.

Note: For all conditions to be coded with "X" in the first digit, which may be due to injuries, drugs, chemicals, procedures in 800-999, the general rules are:

- a. Add ".9" to the X-Code to express the etiology in all cases.
- b. If due to drugs, chemicals, fumes, procedures in 960-989, 997-999, code also the number in 960-989, 997-999.
- c. If due to injuries in 800-959, 990-994, 996, omit the injury number, except as in B, 5, b, 1, of this Section.

B. Visual Impairments

Note: See Appendix III, ICDA categories 360-378, 744, 781.0-781.2, and 871 for many important HIS modifications in these ICDA categories for eye and vision conditions.

As shown in Appendix I, the five HIS categories for various degrees of visual impairment are:

- X00 Visual impairment: Inability to read ordinary newspaper print with glasses, and impairment indicating no useful vision in either eye.
- X01 Blind in one eye, other eye defective, but not blind
- X02 Blind in one eye, other eye good or not mentioned
- X03 Visual impairment NEC in both eyes
- X05 Impaired vision except as in X00-X03

B. Visual
Impairments--
Continued

1. The
"Seeing"
Question

For each person 6 years of age and over, whose conditions include an "eye condition", of any kind, the interviewer asks a special question (to be referred to here as the "seeing" question), as follows: "Can -- see well enough to read ordinary newspaper print (with glasses) with his left eye? With his right eye? The answer "yes" or "no" is checked by the interviewer. If the person is under 6, this question is not asked.

The Medical Coder will relate the interviewer's entries in this space to the person's description of his eye or visual condition as reported elsewhere on the Condition Page or in footnotes, and will assign codes according to the instruction in this Section.

Note: One or more ICDA disease codes for an eye condition is permitted, but only one code in X00-X03, X05 will be given per person.

2. Date of
onset

- a. Except as in 2b and 2c below, a visual impairment must be present 3 mos+ in order to get any X-Code. This applies whether the "seeing" question has been asked or not and even if the answer is "no". Those not in 2b or 2c, with onset -3 mos, will be coded only to the code for the disease or injury causing the visual defect, if known; if cause is unknown, code to 378 (Other diseases of eye).
- b. Regardless of onset, "eye knocked out", or other terms indicating loss of eye(s) will be given one of the codes X00-X02, and coded as for "Blindness" in one or both eyes. However, if the "seeing" question says "no", for both left and right eye, use X00. If the answer is "no" for only one eye, use X01 or X02, whichever is applicable for this condition.
- c. Regardless of onset, some X-code must be used when the following eye diseases are reported and present: cataract (374); glaucoma (375); retinal conditions in 376, 377, except amblyopia; color blindness (377); "night blindness" (in 378); "day blindness" (in 378). The X-code to be used will depend on the degree of visual loss reported. If no visual impairment is indicated in the "seeing" question or elsewhere, nevertheless X05 is to be applied, arbitrarily, for these particular diseases only, in addition to the eye disease code.

Note: This rule does not apply to cases of cataract, detached retina, and others corrected by surgery when the surgery was done more than 1 year ago and there has been no disability or limitation due to these in the past year and there is no mention of visual difficulty. See Section III, item H, paragraph 1.

B. Visual
Impairments--
Continued

3. Selecting
the X-Code

If an X-code can be used, make use of the following guides:

- a. If the answer to the "seeing" question is "no" for both eyes use X00 regardless of the description of the case elsewhere. If "yes" to either eye, X00 must not be used. X00 may be used if the "seeing" question shows "DK" or blank, but there may be other indication that the person has no useful vision in either eye, or reports "blind" NOS, or "blind, both eyes".
- b. When X00 is not applicable, and the answer is "yes", "DK", or is blank for either eye, use X01, X02, X03, or X05 according to terms used by the respondent, as follows:

For "blind" in one eye, poor vision (or synonym) in the other: X01

For "blind" in one eye, other eye good or not mentioned: X02

Not "blind", but with poor vision (or synonym) stated to be in both eyes: X03

Poor vision (or synonym) not codable elsewhere: X05

Terms on the Condition Page or in footnotes other than "blind" or "blindness" which indicate a visual impairment or problem could include: "half blind" or "partially blind" or "blind spot"; modifiers such as "bad", "blurred", "defective", "poor", "weak", "trouble with" - coupled with the words "eyesight", "seeing", "sight", "vision".

Note: Ill-defined terms such as "bad eyes", "blurred eyes", "weak eyes", "eye trouble", or "eye strain" will be coded to 378 (Other diseases of eye) and will not get any X-code if there is no additional information permitting an X-code. If such information is available code the X-code, but omit the 378. Also, if an X-code for vision is applicable, and "weak eyes," etc., is one of multiple diseases causing the impairment, omit the 378.

*Revised 10/19/71

B. Visual
Impairments--
Continued

4. Selecting
the
etiology
code

If one in X00-X03, X05 is applicable, the appropriate 1-digit etiology code must be added. See Appendix I, page 8. If the cause is unknown, the code is "0". When there are multiple causes, select one of the 1-digit codes as follows:

- .9 and any other(s): prefer 9 (injury);
- .5 and any other(s) except 9: prefer .5 (diabetes);
- .7 and any except .9 or .5: prefer .7 (stroke)
- If .9, .5, .7 are not applicable: prefer .8 (neoplasms);
- If .9, .5, .7, .8 are not applicable: prefer .6
(arteries NEC);
- If .5-.9 are not involved, prefer any in .1-.4 over
.X or .Y;
- If local diseases of eye, only, are mentioned, code:

- cataract and glaucoma to .2;
- cataract with any in .4 to .1;
- glaucoma with any in .4 to .3;
- other multiple local eye diseases to .4.

5. With
cause
stated

- a. Any eye condition, not codable to or with X00-X03, X05, and due to any in 800-999, will be coded as per general instructions in Appendix III, in notes for 800-959, 960-989, 990-994, 996, 997-998, 999. Thus:
1. If due to injury, -3 mos, in 800-959, 990-994, 996 code the injury code only; but if due to injury 3 mos+ in those numbers, code the condition only; omit the injury code.
 2. If due to drugs, chemicals, fumes, procedures in 960-989, 997-999, code that number, whether -3 mos or 3 mos+; omit the eye condition.

Examples, with "yes" in "seeing" question. Codes:

Conjunctivitis, due to eye injury, -3 mos:	921 only
" " " " " , 3 mos+:	360 only
" " " smog , -3 mos:	987.3 only
" " " " , 3 mos+:	987.3 only

B. Visual
Impairments--
Continued

5. With
cause
stated--
Continued

b. Eye conditions which are codable to X00-X03, X05:

1. For active and present cases of cataract, detached retina, and others in B, 2, c, above (which always get some X-Code) which by chance are due to injury in past 3 months in 800-959, 990-994, 996, code the X-code, the disease code, and also the injury number. In other cases of visual impairment with "X" in first digit, due to injuries in 800-959, 990-994, 996, omit the injury number, as per the general rule in item A, this Section. For X00-X03, X05 due to any in 960-989, 997-999, follow the general rule in item A, this Section.
2. Allergy or migraine causing any eye or vision problem of any kind or onset: code allergy or migraine, only.
3. Impairments to be coded to X00-X03, X05, which are due to diseases other than allergy or migraine: code the X-code, and code also one or more chronic conditions, present now or in past year, contributing to the impairment; this applies to causative diseases except allergy which are chronic regardless of onset. If X00-X03, X05 is due to an eye disease which in turn is due to a disease of the body generally - as in diabetic retinopathy or diabetic cataract - code both the diabetes and the eye disease, in addition to the X-code.

Note: If any in X00-X03, X05 is due to a healed infection which is not chronic regardless of onset, do not code this infection separately.

6. Eye
diseases
NOT
eligible
for X-Code

See item B, 2, c above for certain eye diseases which always qualify for an X-code, regardless of onset or of mention of visual impairment. All others, except as in B, 2, c with yes in the seeing question and no additional facts about loss or decrease of vision will be coded to the disease codes only - and will not get an X-code; examples being disease names or symptoms such as the following:

"Farsighted", "nearsighted", and other refractive errors in 370;

"Cross eye", "lazy eye", "double vision" and others in 373;

Corneal opacity (371); ulcer of cornea (363).

- C. Hearing Impairments See Appendix III, categories 380-389, 745.0-745.3, and 781.3.
 See Appendix I, categories X06-X09.
 See also Short Index, under "Deafness".
1. Degree of hearing impairment In order to classify hearing impairments to codes X06-X09, two things must be determined:
- a. Whether or not the person is completely or totally deaf, and
 - b. Whether one or both ears are involved.

The above determinations will be based on the interviewer's entries on the Condition Page and also on any footnotes that may be available.

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.

Use X07 for all other cases of hearing loss or impairment in both ears.*

Use X08 for all cases of hearing loss, complete or partial, or impairment involving only one ear.*

Use X09 for all cases of hearing loss, complete or partial, or impairment for which it is impossible to determine whether one or both ears are involved.

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-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 387.9 only.
3. With cause stated If one in X06-X09 is 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 etiologic code "9" (injury or accident).

Note: For hearing defects codable to X06-X09 which may be due to factors in 800-999, see item A of this Section.

C. Hearing
Impairments--
Continued

3. With cause
stated--
Continued

- 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 X08 or X09, and is due to allergy, code allergy only. Allergy causing hearing impairments of the types in X08, X09: code allergy only.
- d. X08 or X09 types, due to "wax in ears": code 387.1 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) (387.9): code X06-X09 only, with the correct 4th digit; omit 387.9.
- 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.

- E. Impairments
Special
Sense, NEC
1. Date
of
onset
- a. Loss or impairment, sense of smell or taste:
-3 mos, 356; 3 mos+, X12
- b. Loss or disturbance, sensation NEC (sense of balance)
(numbness)(burning):
-3 mos, 781.6; 3 mos+, X13.
2. With
cause
stated
- Note: Any of the above, if -3 mos and due to a known cause:
code that cause only.
- Those codable to X12, X13, and due to:
- a. factors in 800-999, see item A, this Section.
- b. stroke or others in 430-435, 438: code X12, or X13
with .7 in 4th digit, and code the stroke also.
- c. Other present active chronic disease: code the
disease only; omit X12 or X13.
3. With
other
X-codes
- a. With paralysis: omit X12 or X13.
- b. With other impairments affecting limbs, trunk, back:
omit X13.
- c. See also item L of this Section.

F. Special Learning Disability, and Mental Deficiency

See Appendix III, categories 306.1, 310-315, 345, 759.3, and Appendix I, X14-X19.

Categories X14-X19 are for special learning disability (X14) and for defects of the intellect (X15-X19). All mongoloids are classified in X15, regardless of I.Q. Other "severe" types of mental retardation are classified in X16. However, since mental retardation of specified degree of severity is not often reported, code 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 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; omit X14. Any in X14-X19 is treated as chronic, regardless of onset.

- G. Absence of Extremities, and Certain Other Sites See Appendix III, 520.0, 525.0, 748.1, 748.3, 748.5, 753.0, 873, 885-887, 895-897.
See Appendix I, categories X20-X39, X90, X92.
See also Short Index, under Absence.
- a. For absence of eye, see B, 2, b, above, of this Section.
 - b. For absence, tooth, teeth, see Short Index under - Absence.
 - c. Absence of larynx, tongue or other oral structures is coded to X11 with speech defects.
 - d. For absence of nose, lips, ear(s), jaw, see Appendix I, X90 and X92.
 - e. X39 includes absence of rib, vertebrae, pelvic or other bones, joints, muscles of trunk. However, if any of these is missing because of surgery to remove lung or kidney, code absence of lung, or of kidney; omit X39. X39 includes also absence of particular bones, joints, muscles of extremities when the extremity, itself, is still attached to the body. If the extremity is missing, code that.
Note: If any in X39 has caused some deformity in X80-X89, ignore X39.
 - f. Absence of extremities (X20-X34), and absence lung (X36), kidney (X37), breast (X38) complete the list of categories in the Impairment Code for missing parts or organs. Any of these, or any mentioned above, except absence tooth, teeth, is treated as chronic, regardless of onset.
 - g. For absence of part due to anything in 800-999, see the general rule in item A of this Section.
 - h. Note: For absence of parts not included in the X-Code, see Vol. 2, under "Absence". If a missing part is to be coded, and it is not codable to the X-Code, select the code with judgment; if the cause is known - for example, injury or surgery - code as for effects of injury or surgery by HIS rules; if the cause is known to be congenital, use the ICDA code for congenital; if the cause is unknown, use the ICDA code for "NOS".

- H. Paralysis, Complete or Partial See Appendix III, categories 343, 344, 349.1-349.5, 350-358, 430-435, 438, 780.3, 780.4, 781.4, 787.
See Appendix I, categories X40-X69.
See also Short Index, under "Paralysis".
1. Date of onset
 - a. Cerebral palsy (and synonyms)(X50) is coded as chronic, regardless of onset.
 - b. Other paralysis, complete or partial, is treated as chronic only if 3 most, and is coded to the X-Code only if 3 most. See also Short Index, under "Paralysis, onset".
 2. With cause stated
 - a. Due to stroke or other cerebrovascular disease: see notes for 430-435, 438 in Appendix III.
 - b. Due to other chronic disease: code the disease also if present now or in the past year, in addition to the X-Code.
 - c. Due to old polio or other old infections of C.N.S.: code the paralysis with the appropriate 4th digit; do not code the old infection separately.
 - d. Due to injury or others in 800-999, and codable to the X-Code: see the general rule in item A of this Section.
 3. Multiple sites and types, 3 most, in X40-X69 Use only one code per person in X40-X69, as follows:
 - a. If cerebral palsy or synonym in X50 is 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 serious involvement.

H. Paralysis,
Complete or
Partial--
Continued

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

- e. If one arm, and one 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.

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 433.9.

4. Problem
Terminology

- a. For "spastic" or "spasm", see Short Index, and Appendix III, 780.3.
- b. Palsy, or paralysis, described as "shaking", "trembling", "nervous", particularly in older persons, can be assumed to be Parkinson's (paralysis agitans). See "Paralysis, agitans" in Short Index. No X-code for palsy is required.
- c. For ataxia, or poor coordination (muscular); see "Ataxia NEC" in Short Index, and Appendix III, 780.4. In cases of "Friedreich's ataxia" (332.0), or "locomotor ataxia" (094.0), no X-code for ataxia is required.
- d. "Equilibrium", or "balance", (sense of) difficulties: If -3 mos, code to 781.6; if 3 mos+, code to X13. See also item E of this Section.

H. Paralysis,
Complete or
Partial--
Continued

4. Problem
Terminology--
Continued

- e. "Staggering", "stumbling": code as for "Trouble, walking".
- f. "Foot drop" or "wrist drop", or "hangs limp": code as for Paralysis of these sites.
- g. Paralysis, "waist down", or affecting "lower body": code as for Paraplegia.
- h. "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 most+, 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.
- i. "Dead nerve" NOS, 3 most+, 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, 717.2, 717.9, 724, 726-729, and 787.
See Appendix I, categories X70-X79.
See also Short Index, under "Limp", "Orthopedic Impairment", "Pain", "Stiffness", "Swelling", "Trouble", "Walking difficulty", "Weak".

Note: Persons new to medical coding must become thoroughly familiar with the definition, inclusions and exclusions applicable to this type of impairment, as shown in Appendix I. None in X70-X79 will be used unless 3 most+, and none will be coded to X70-X79 if due to specified active chronic diseases. For X70-X79, with other impairments, see item L, this Section. For X70-X79 with multiple etiologies, see item M, this Section.

1. With
cause
stated

- a. If 3 most+, and due to stroke, polio, or other diseases of brain or spinal cord, this type of impairment will be regarded as "paralytic", and will be coded as for Paralysis, by site; if there is information indicating that the person is bed-ridden, or chairfast, or unable to move the part at all, code to Paralysis (Complete) by site; if no such information is available, code as for Paralysis, Partial, in X51-X59.

I. Non-Paralytic
Orthopedic
Impairment,
NEC--Continued

1. With
cause
stated--
Continued

- b. If 3 mos+, and due to arthritis, "disc" conditions, or other diseases, except as in a, above, code the disease only; omit X70-X79.
- c. If -3 mos, and due to specified cause, code the cause only. See also 728 and 787.1-787.7, in Appendix III.
- d. If 3 mos+, and due to anything in 800-999, see Item A, this Section.

J. Deformity,
Limb, Back,
Trunk

See Appendix III, 709.0, 717.2, 733, 735-738, 741, 745.5, 745.8, 745.9, 754, 755, 756.
See Appendix I, categories X80-X89 for terms other than "deformity" that are codable to X80-X89.

1. Date of
onset

Conditions qualifying for X80-X89 are treated as chronic, regardless of onset, and are codable to X80-X89 even if -3 mos.

2. With
cause
stated

- a. For any which may be due to something in 800-999, see item A of this Section.
- b. If X39 is a factor in causing any in X80-X89, ignore X39.
- c. If the cause is stroke, polio or other "paralytic" diseases or injuries of brain or spinal cord, code "deformity", "atrophy", "withered" as for Paralysis, by site, extent of limitation if reported, and cause; omit X80-X89. However, for specified types in X81, X83, or X85 which may be reported with or due to these causes, code X81, X83, or X85 and code paralysis also.
- d. See item L, also, for X80-X89 with other impairments, same person.

K. Impairment,
NEC

See Appendix I, categories X90-X99 for inclusions and exclusions, and other instructions.

L. Multiple Impairments, Same Person

Guides for coding multiple impairments per person are as follows:

1. The idea is to code each distinctly different X-Code condition the person had--certainly vision and hearing defects, paralysis, speech defects, absence of extremity, any important deformity or disfigurement. Two impairments per person are not unusual, three are sometimes reported, four are rare. If more than three per person are indicated, refer to supervisor who may advise that certain of them need not be coded.
2. Make use of rules which limit to one, only, within a group of codes, as in the case of vision, hearing, speech, impairment of sensation, intelligence, absence of extremity, paralysis, orthopedic impairment NEC.
3. Rules for coding multiples involving limbs, trunk, back, spine are as follows: see also 4 and 5 below. When some are due to injury, and others are not, separate the multiples due to injury, coding and selecting according to the rules in 4 and 5; for those multiples not due to injury, select by type according to the rules in 4 and 5, whether their etiology is the same or not. Thus code the multiples due to injury, and if there are some not due to injury code them also but select or eliminate as shown in 4 and 5.
4. If numbness or something else in X13 is present with any other X-Code involving limbs, back, trunk, ignore X13. If multiples involve only X40-X59 and X70-X79, prefer 1 in X40-X59.
5. Within X80-X89, more than one can be coded, subject to certain situations. If the same person has multiple codable conditions in X80-X89, prefer spina bifida (X81X), clubfoot (X83), deformity or defect of hip or pelvis (X85). Code these separately and also any paralysis that may be present. If the person has spina bifida (with paralysis) do not code any other non-traumatic X-Code for spine or back; if he has clubfoot (with paralysis), do not code any other non-traumatic X-Code for foot or toe; if he has something in X85 (with paralysis), do not code any other non-traumatic X-Code for hip or pelvis, leg, or foot except clubfoot. For others, codable to X80-X89 - with X40-X59 present or indicated - code only 1 in X40-X59; but if paralysis or paralytic causes are not present with these, code them but try to eliminate any that seem to be minor. If they are to be coded and 1 in X70-X79 is also present, as a general rule code the one in X80-X89 if the impairment in X70-X79 and the deformity in X80-X89 are in the same body system (i.e., both refer to the same body part). *Code both X70-79 (impairment) and X80-X89 (deformity) if different body parts are involved.

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.. Multiple
Impairments,
Same Person--
Continued

5. Continued

Examples:

- a. Back trouble due to injury and spina bifida: code X70.9; X81X.
- b. Curvature of spine, flatfoot, clubfoot - all due to cerebral palsy, from birth, and bad hip due to injury: code X50X; X83X; X75.9.
- c. Congenitally deformed hip and leg, and back trouble-cause DK: Code X85X and X709
- d. Congenitally deformed hand and weak hand: Code X88X

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 Accident Table 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 accident and "stroke," both, are involved, code the "stroke" separately, but code the impairment with .9 in the 4th digit. For example, if a hemiplegic, 3 mos+, due to stroke (with hypertension) later fell and broke his hip, and now both legs are useless, the diagnostic codes will be X48.9 and 438.0.

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.

M. Multiple Etiologies,
Per Impairment--
Continued

c. Multiple causes, injury not involved per non-visual impairment:

As a general rule, if injury is not a factor, use 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 438.9 also.

d. For rules applicable to multiple etiologies per visual impairment, see Section B, 4, of this Section.

- A. "Injury",
General
1. Injuries, according to the nature of injury, are classified by ICDA in categories 800-999. For convenience of discussion and training, these categories can be grouped as follows:
 - a. Injury (fracture, laceration, etc.) of types in 800-959, 996.
 - b. Adverse reaction to drugs, fumes, and other chemical substances in 960-989.
 - c. Adverse effects of external causes such as radiation, heat, cold, etc., in 990-994.
 - d. Complications of surgical and medical procedures in 997-999.
 2. For HIS, injury or adverse reactions in groups a, c, and d, above, must have been sustained in a "one-time" situation. However, adverse reactions in group b will be counted as injuries, whether they were caused by a single exposure or by continued exposure. Any codable condition not caused by substances in 960-989, but caused by continued stresses and strains, continued exposure to loud noise, constant heavy lifting (and the like), will be coded as if nontraumatic.
 3. The interviewer asks some additional questions about accidents and injuries and records them in a space to be referred to here as the Accident Table. In general, a filled Accident Table will indicate that the condition is codable as an injury. However, the medical coder will apply all HIS rules, and make use of all of the information, including footnotes, on the questionnaire, in order to judge whether the condition is actually to be coded as an injury.
 4. See Appendix III, categories 800-999, for many HIS notes and instructions about "injuries" and their effects. Note that complications of medical and surgical procedures in 997-999 are counted with injuries, but they may have arisen through no fault of the doctor or surgeon.

B. Recording
Additional
Facts About
"Injuries"
and
Accidents

In addition to the diagnostic codes for "injuries" the medical coder must determine certain 1-digit codes, as follows, that are needed for the condition portion of the transcription sheet; these 1-digit codes are not needed for the hospital portions:

1. "First injury": 1 = yes; 2 = no; blank if not codable as a result of injury.
Judge whether a single accident, recent or old, produced only one injury condition, or more than one, and if there are several due to this accident, determine which should be coded as "first."
Code "1" if the coded diagnosis is the "first" or only condition in this accident; code "2" if it is not the first, but is one of multiples in this accident. If multiple injuries per person, per single accident, are applicable, apply the "1" to the one that has the largest number of days of restricted activity in past 2 weeks, and the "2" to the other(s). When all of multiples have no days, or equal days, apply the "1" to the first listed, and the "2" to the others. (The total number of "1's" tabulated should represent the number of separate accidents.)
2. "Required hospitalization": 1 = yes; 2 = no; blank if not codable as a result of injury.
Check the Hospital Page to see if a hospital stay has been entered for any condition resulting from this accident, and code "1", "2", or leave blank as indicated.
3. "Accident Table not filled":

If you judge that a condition is codable as an "injury" or a result of an injury, but the Accident Table has not been filled by the interviewer, code as follows:

- 1 = the condition is a complication of surgical and medical procedures in 997-999.
- 2 = the condition is some other type of "injury".
- Blank = condition is not related to "injury",
or the Accident Table was filled.

If the condition is not codable as an "injury," but an Accident Table was filled but is not needed, circle the first question of the Accident Table.

- B. Recording Additional Facts About "Injuries" and Accidents-- Continued
4. Instructions for coding other facts about injuries and accidents - such as place of occurrence and other circumstances of the event - are provided elsewhere.
- C. Date of Onset
1. "Injury" conditions will be coded by onset according to when they were "first noticed," as shown on the Condition Page. This may affect the diagnostic code, and also whether to count as "acute" or "chronic." This will apply, regardless of when the original accident or event occurred, as shown in the Accident Table. For those conditions with onset (of the injury) 3+ months, code from present effects of the injury. For those with onset -3 months, code from kind of injury except as in rules 2-5 below.*
2. Loss of eye (one or both), any onset, due to injury: code as for blindness due to injury and as chronic.
3. Loss of limb or other part, due to injury, any onset: code as for Absence due to injury, and as chronic.
4. For date of onset in relation to injury of types codable to 800-959, 990-994, 996, see Appendix III, page 52 and page 61.
5. For date of onset in relation to adverse effects of substances in 960-989, and to complications of surgical and medical procedures in 997-999, see Appendix III, page 60 and page 62.
- D. Multiple "Injuries" and Multiple Accidents
1. If a person reports more than one "injury" condition as a result of a single accident, apply any HIS or ICDA provisions for combining these multiples; otherwise, code each separately. See also Appendix III, categories 800-999, for references to multiples within the various groupings. If you judge that the person has multiple codable injury conditions, apply the required 1-digit code as shown in item B, 1, of this Section.
2. If more than one member of a household is hurt in the same accident, count as a separate accident for each of the persons involved.

D. Multiple
"Injuries"
and
Multiple
Accidents--
Continued

3. Multiple accidents, same person:

The general rule will be to count each separate accident a person may have, in terms of the condition(s) produced in each accident. However, when 2 separate accidents produce the same chronic condition or impairment, or add to the extent or severity of it, code only the latest state of this chronic condition or impairment, using the circumstances (how and where) of the latest accident report.

This Section refers to: conditions of the newborn; deliveries (normal or complicated); abortions and other complications of pregnancy; and complications of the puerperium. These conditions may be on the Hospital Page only, on the Condition Page only, or on both. See Section VIII for general instructions for coding all classes of conditions on the Hospital Page.

- A. Infants As previously, well newborn infants, or infants born dead, are not coded or counted by HIS. For instruction for coding illness conditions of infants, see Appendix III, categories 760-778 (Certain causes of perinatal morbidity).
- Routine circumcision, for infants whose hospital stays are to be coded, is not counted as an operation and is not coded; if this infant has some other operation during his stay, it will be coded, according to the general rules for coding operations, in Section VIII of this Manual.
- B. Pregnancy "Pregnancy" refers to the period of gestation before abortion or delivery. See Appendix III, categories 630-678 for notes applicable to complications of pregnancy. See also the Short Index and Vol. 2 under "Pregnancy".
- C. Abortion Abortion is coded as per ICDA, Vol. 1, categories 640-645. It includes any interruption of pregnancy before 28 weeks gestation with a dead fetus. See Appendix III, categories 630-678 for notes applicable to abortion. See also Vol. 2 under "Abortion". "Miscarriage" will be coded as for Abortion, spontaneous (643.0-643.9).
- If the Hospital Page says that an operation such as "D and C", or some other, was done to induce the abortion, or to treat a spontaneous abortion, the operation will be coded as reported, according to the general rules in Section VIII.
- D. Deliveries
1. "Delivery", normal or complicated (categories 650-661), is defined as per ICDA, Vol. 1, page 300. See also Appendix III, categories 630-678 for notes applicable to delivery. See also the Short Index and Vol. 2 under "Delivery".

- D. Deliveries--
Continued
2. All hospitalized deliveries--on the Hospital Page-- will be regarded as having been treated surgically even though the person may say no operation was done. The two codes used by HIS for surgical and operative procedures for delivery are:
- 93 Cesarean (birth)(operation)(section)(with any other procedure for delivery).
- 95 Other operation or procedure for delivery except cesarean.
- Use 95 for the operation code for all deliveries except when a cesarean (93) is applicable.
3. If the mother has some other operation after delivery while still in hospital--such as "tubes tied" (79)-- code it in addition to the 95 or 93.
- E. Puerperal
Complica-
tions
- The "puerperium" refers to the 2-month period (approximately) following a delivery or abortion. Complications arising during this period are classified in 635-639, or in 670-678. See Appendix III, categories 630-678 for notes applicable to puerperal complications. See also the Short Index, and Vol. 2, under "Puerperal".
- F. 1-Digit
Supple-
mentary
Code
- Use "2" (acute) for the 1-digit supplementary code for all conditions on the Condition Pages which are codable to 630-678. 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 630-678, but to the numbers for the conditions indicated. For example, varicose veins "due to pregnancy", in a woman who is not pregnant now, and is not in the puerperal stage, is coded to 454.9, and as "1" (chronic). See also Section III, item R, for pregnancy with hypertension and other toxemias.

- A. General For conditions related to childbearing, see Section VII of this Manual. Section VIII, here, deals with general instructions for coding all classes of diagnostic and operation codes to be used for the Hospital Page.
- B. Codable Admissions
1. For HIS, a codable hospital admission or stay must be:
 - a. Within the time reference period (limits of which are defined elsewhere), AND
 - b. For overnight or longer, AND
 - c. For an illness or situation codable to 000-999 by HIS rules.
 2. For HIS, the Y-codes of ICDA are not used, and for the most part admissions for well persons are not codable except in the following types of overnight stays for which the code 796.9 (unknown) will be used arbitrarily for the diagnostic code:
 - a. For the purpose of donating blood, skin, bone, or other tissue.
 - b. For observation, X-rays, or check-up but with no condition mentioned--and not codable to 793.0-793.9. (For observation codable to 793, see item C.4. following.)
 - c. For sterilization (female or male) with no codable condition mentioned.
 - d. For cases in which some other codable operation is mentioned, but with no codable condition specified or implied. For example, if "prophylactic appendectomy", alone, is mentioned, use 796.9 for the diagnostic code.
- C. Coding the Diagnosis
- If the admission is codable, and any diagnostic code in 000-999 is applicable, use the following additional guides:
1. Only one diagnostic code per admission is to be coded. For selection of one code when a single admission shows more than one condition, see item E, below.
 2. The person may have had more than one admission for the same or a related condition or for something different. Each separate admission should be coded according to the diagnostic statement for that admission.

C. Coding
the
Diagnosis--
Continued

3. The condition may be on the Condition Page, also. If so, compare the description of the condition, but the codes need not agree unless it is evident that the same site, type, and stage is meant.
4. Observation, without need for further medical care (793.0-793.9): use these codes only when it is known that the specified condition being treated or observed was not found; if a condition was found, code it--not 793. Also, if the condition being tested or observed is mentioned, but there is no mention of what was found during the stay, code the condition, not 793.
5. Stays for persons aged 65 or over:
 - If stated to be for care only because of age, code to 794.
 - If age is not mentioned, and no condition is mentioned, code to 796.9.
 - See also Appendix III, 794.
6. Codes differing according to whether acute or chronic:
 - a. If there is a third ICDA code for unspecified whether acute or chronic, as in bronchitis (490) or nephritis (583), and the date of onset is unknown, use the unspecified code number.
 - b. Tonsil (and adenoid conditions): code 500 (chronic).
 - c. Other conditions--having one ICDA code for acute, another for chronic: see Section II of this Manual, item E,3. Whereas conditions on the Hospital Page are not given the 1-digit supplementary code for acute or chronic, other guides shown in Section II, E,3 will apply as well as to the Hospital Page.
7. Names of operations or procedures, including "removal" or "amputation", with no mention of the condition for which the surgery was done: use 796.9 for the diagnostic code, except:
 - a. Circumcision, not routine: code 605.
 - b. Obstetrical procedures: code as for Delivery.
 - c. Tonsillectomy (or adenoidectomy): code 500.
8. Ill-defined, vague, or unknown condition: see Section III, item U; code as instructed there.

D. Coding Operations

See Appendix II, Classification of Operations, for HIS, and the Index of Operations, for HIS. For multiple operations per person, see item E, below.

1. For HIS, operations include not only incision (cutting into), excision (cutting out), but the setting of bones, the introduction of tubes for drainage, "tapping" (drawing off fluid), terms ending in "scopy" (procedures for internal viewing and treatment) and others which the person and the coder may not think of as operations.
2. For HIS, the following will not be coded as operations, and will be omitted:
 - a. transfusions
 - b. pumping out, washing out (lavage) of stomach, intestines, etc.
 - c. Terms ending in "gram" or "graph" unless the examination is known to be of the brain or spinal cord, or is called "angiogram" or "arteriogram". Thus, "pyelogram", for example, would be omitted, but "encephalogram" or "myelogram" would be coded. For "angiogram" or "arteriogram," code as in Index of Operations, for HIS.
3. Operations for fractures and dislocations of bones and joints: see Appendix II, categories 83, 84.
 - a. If the diagnosis shows "rib" as the site, do not code as if treated surgically unless the report states that an operation was done.
 - b. If the diagnosis gives any site except rib, assume that surgery was done, and code as if surgically treated unless the report states that an operation or procedure was not done during that admission.
4. If "cystoscopy", or some other term ending in "scopy" is reported, but the person says "no operation", code as if surgically treated with the appropriate operation code number.
5. Other kinds of operations and procedures: consult Index of Operations and/or Appendix II; code as reported. If in doubt whether a procedure should be counted as an operation, consult the supervisor.

E. Multiple
Diagnoses;
Multiple
Operations

1. Multiple diagnoses, per person. Code only one, as follows:
 - a. Make use of a combination code or a selection rule if any is applicable. For example, "heart and hypertension": code 402.
 - b. If the conditions or sites do not combine, select the one that seems to add most to the length of stay or to be the most serious, but if all seem to be of equal weight, code the first one mentioned.
2. Multiple operations, per person. Code each one up to three, except in the following situations:
 - a. If two or more have the same code number, code it only once. For example, "biopsy of lung and lung removed": code 54.
 - b. Appendectomy incidental to other operations: omit appendectomy.
 - c. Hysterectomy with other operations: see Appendix II, category 77.
 - d. Multiple procedures in delivery: select one.

F. Applying
1-Digit
Code

The coder will apply one of the codes 0, 1, 2, or 3 which tell whether or not, and for what, surgery was done during a hospital stay, as follows:

Use "0" if no operation, as defined by HIS, is indicated, or if the person does not know whether any operation was done.

Use "1" if it is known that an operation was done, or that the condition is one for which HIS regards as surgically treated whether the person says so or not, and when it is clear that the operation was done for the diagnosis you have coded.

Use "2" if it is clear than an operation was done, but you are reasonably sure that it was not done for the selected diagnosis.

Use "3" if it is clear that an operation was done, but you don't know whether it was done for the coded diagnosis or for something else, or if there is no clue as to the type of operation.

APPENDIX I

X-CODE FOR SPECIAL IMPAIRMENTS (X00-X99)

BY TYPE, SITE, AND ETIOLOGY

(Revised January 13, 1969)

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Health Services and Mental Health Administration
National Center for Health Statistics
Division of Health Interview Statistics

A. History and Development of the X-Code

The X-Code for Special Impairments, by Type, Site and Etiology, was developed in 1955-1956 by the, at that time, Division of Public Health Methods of the Public Health Service. It had been tried and found useful in coding and tabulating various kinds of defects and deformities as reported in household health surveys, and in certain other studies of handicapping conditions, requiring relatively simple detail for statistical presentation. It provided a plan by which all three elements of type, site, and etiology (cause) could be expressed by means of a single diagnostic code, and it brought together similar types of defects by type and site; etiology was supplied by adding an additional 1-digit code to the code for the type and site. HIS elected to use this plan for impairments, using the ICD revision in effect at that time for coding all other conditions.

HIS has continued to use this X-Code making very few changes in it since the beginning of the Survey, and will use it instead of the present ICDA for the coding of impairments.

Appendix I, which contains the X-Code and explains it, has been rewritten as of January 13, 1969, but the principles and methods are the same as they were before that time. For the lists of etiologic codes, and the full classification of impairments by type, see E and F of this Appendix.

In developing the X-Code it had been necessary to make a selection of conditions to be called "impairments." The term "impairment" has no actual definitive medical significance. Cardiac, mental, or arthritic patients are "impaired" as well as amputees, the blind, the deaf. However, defects of the heart, lungs, other internal or respiratory organs are in general excluded from the X-Code except when these sites are involved in paralysis, absence of part, or postoperatively in the formation of an artificial opening to the surface. Chronic progressive disease processes of all systems are excluded (to be coded as per ICDA), but the line between what is a "chronic disease" and what is an "impairment" is, in some areas, admittedly thin. For example, speech defects, mental retardation, cerebral palsy are included in the X-Code, but epilepsy, multiple sclerosis, Parkinson's disease, and personality defects are to be coded as chronic diseases in terms of ICDA 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 ICDA codes.

B. General Characteristics of Special Impairments

1. Special impairments (to be referred to hereinafter as impairments) are often late effects of past and inactive pathological processes. (See also item D, following, for discussion of "late effects.") But they may sometimes coexist with and be due to a currently active progressive chronic disease such as diabetes, arterio-sclerosis, cancer.

2. Impairments are often, but by no means necessarily, permanent, and some are relatively minor in nature. Many respond to corrective therapy, medical or surgical. However, they must be chronic or long-continuing or of chronic type in order to be coded to the X-Code. For rules for coding impairments in relation to date of onset, see specific instructions set forth elsewhere in the HIS Medical Coding Manual.
3. 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.
4. They are, in summary, for the most part functional or structural musculoskeletal and neuromuscular abnormalities or defects, and defects of special senses, speech, intelligence.

C. ICDA Codes for Impairments

All conditions in the X-Code can be found somewhere in ICDA, Vols. 1 or 2. As a matter of interest to classifiers, ICDA codes for impairments are discussed here, although they are, of course, not used when the X-Code is used.

For certain impairments the ICDA code is specific for a particular kind of impairment, while for others it may be one that includes also:

(1) conditions that are not classed as impairments, or (2) more than one type of impairment. Strict comparability, therefore, code by code, between the X-Code and ICDA, for all types of impairments is not possible. However, listed below, in ICDA numerical order, Vol. 1, are those ICDA categories which are used exclusively for impairments with the X-Code numbers to be used instead, at the right. These ICDA numbers are not used by HIS--as shown also in Appendix III.

It should be noted that ICDA categories in the list below with numbers in the 740-759 series include impairments specified or known to be congenital in origin; categories with "8" in the first digit are traumatic in origin. Whereas, to all impairments in X00-X99 the coder must add the appropriate etiologic code, the etiologic code is not shown in the following listing with any of the X-Code numbers.

C. Continued

ICDA Code Number(s)	Name of Impairment	X-Code Number(s)
310-315	Mental retardation (various degrees)	X16-X19
343	Cerebral spastic infantile paralysis	X50
344	Other cerebral paralysis	X40-X49,
349.1	Spinal paralysis, monoplegic	X51-X59,
349.2	Spinal paralysis, hemiplegic	X60-X69,
349.3	Spinal paralysis, paraplegic	by site
349.4	Spinal paralysis, quadriplegic	and extent
379	Blindness, one or both eyes	X00-X02
388	Deafmutism	X06
389	Other deafness	X06-X09
520.0	Anodontia	X92
520.1	Supernumerary teeth	X92
520.2	Abnormalities of size and form of teeth	X92
520.5	Hereditary disturbances, tooth structure, NEC	X92
521.6	Ankylosis, dental	X92
524	Dentofacial anomalies, including malocclusion	X92
709.0	Cicatrix (external)(skin) facial (disfiguring) limbs, back, trunk	X90 X80-X89, by site
717.2	Torticollis contracture, neck, chronic "stiff neck," NEC, chronic	X86 X86 X71
724	Internal derangement of joint (chronic)	X70-X79, by site
726	Affection of sacroiliac joint (old)	
727	Ankylosis of joint (chronic)	
733.1	Muscular atrophy NEC	X80-X89, by site
733.4	Short Achilles tendon (acquired)	
733.5	Contracture of palmar fascia	
735	Curvature of spine (acquired)	
736	Flatfoot	
737	Hallux valgus and varus Other deformities, acquired	
738.0	of nasal bone	X90
738.1	of head	X93
738.2-738.8	extremities NEC	X84-X88, by site
738.9	unspecified site	X99

C. Continued

ICDA Code Number(s)	Name of Impairment	X-Code Number(s)
741	Spina bifida (congenital)	X81
742	Hydrocephalus, congenital	X93
743.0	Encephalocele	X93
743.1	Microcephalus	X93
744.0	Anophthalmos, one or both eyes	X00-X02
744.1	Microphthalmos, NEC	X05
745.0	Anomalies of ear with impaired hearing	X06-X09
745.1	Accessory auricle	X90
745.2	Other anomalies of ear, (disfiguring)	X90
745.3	Unspecified deformity of ear (disfiguring)	X90
745.5	Webbing of neck	X86
745.8,	} Other anomalies of face (disfiguring) NEC	X90
745.9		neck NEC
748.5	Agenesis of lung	X36
749	Cleft palate and cleft lip	X91
750.0	Anomalies of tongue (with speech defect)	X11
753.0	Renal agenesis	X37
754	Clubfoot (congenital)	X83
755	Other congenital anomalies of limbs: absence	X20-X34, by site
	deformity NEC	X84, X87, X88, by site
	dislocation of hip	X85
	limitation of motion NEC	X73-X78, by site
756.0	Anomalies of skull and face bones: skull NEC	X93
	face bones NEC	X90
756.1	} Anomalies of spine NEC absence of specified segment of spine	X39
756.2		other deformity of spine NEC
756.3	Cervical rib	X89
756.4	Other anomalies of rib and sternum	X89
758.9	Unspecified anomaly, site unspecified	X99
759.3	Down's disease (Mongolism)(any I.Q.)	X15
759.9	Multiple congenital defects, type and site not specified	X99
871	Enucleation of eye, one or both	X00-X02
	Traumatic amputation of:	
885	thumb(s)	X25
886	other finger(s)	X25
887	arm(s) and hand(s)	X20-X24
895	toe(s)	X31
896	feet, foot, except toes only	X29,X30
897	leg, one or both	X26-X28

D. Late Effects of Diseases, Injuries, and Poisonings

A "late effect" is regarded generally as any abnormal condition resulting from a pathological process after this causative process has become inactive or healed. A late effect may consist of an impairment as defined, or it could be any other abnormal condition. For HIS, an impairment may be a late effect as defined above, but it could be due to some present and active pathologic process. By means of the X-Code, impairments can be collected whether the cause is present or not. Instructions for coding impairments in relation to active diseases causing them are set forth elsewhere in the HIS Medical Coding Manual.

For facts about the HIS method of coding late effects of injury or poisoning, see notes for categories 800-999, in Appendix III.

ICDA has a few categories specific for late effects of certain diseases--with "late effects" in the title. One of these is 066 Late effects of viral encephalitis; this category title has been changed by HIS to read "Parkinsonism, postencephalitic (viral)" and is used by HIS only for this particular late effect of viral encephalitis. See also category 066 in Appendix III.

Following are the other ICDA codes for late effects of diseases, which are not used by HIS for any purpose--as shown also in Appendix III:

019	Late effects of tuberculosis
044	Late effects of acute poliomyelitis
077	Late effects of trachoma
130.2	Late effects of intrauterine infection (due to toxoplasmosis)
265.1	Late effects of rickets
324	Late effects of intracranial abscess or pyogenic infection

The HIS method of coding late effects of diseases is as follows:

1. When the late effect is a specified impairment, the appropriate X-Code is selected and the appropriate etiologic code is added; for example, "Blindness, both eyes, due to old trachoma" is coded by HIS to X00.4, only.
2. When the late effect is specified but it is not an impairment, and not Parkinsonism, the condition is coded to the ICDA code for the condition, but never to the above-mentioned ICDA late effects codes; for example, "Personality disorder due to old encephalitis" is coded by HIS to 309.0, only.

D. Continued

- 3a. If the past disease is known, but the present difficulty is ill-defined or not specified, the above ICDA late effects codes will not be used. Instead, if the past disease is one indicated in these late effects codes, or is an old birth injury, or "brain damage NEC", X99 (with the appropriate etiology code) will be used. Thus, for example, "Post-polio" would be coded to X99.2. However, for "After-effects of stroke," the stroke only will be coded.
- b. If the past disease is one that is not mentioned in 3a, above, and the present difficulty is not specified, the case must be coded to 796.9 - Unknown. For example, "After-effects of measles" must be coded to 796.9, since the causative disease is no longer present, it is not one mentioned in 3a, and the present condition is not specified.

E. LISTS OF 1-DIGIT ETIOLOGY CODES

Note: For complete instructions for coding impairments by etiology, see HIS Medical Coding Manual.

1. FOR IMPAIRMENT OF VISION, ONLY (X00-X03, X05)

- .0 Unknown or unspecified origin
- .1 Cataract, any origin except as in .5-.9, below (with any condition in .4)
- .2 Cataract with glaucoma, any origin except as in .5-.9, below
- .3 Glaucoma, any origin except as in .5-.9, without cataract (with any in .4)
- .4 Other eye diseases (as in ICDA 360-369, 370-373, 376-378)(any infection of eye)
- .5 Diabetes (with cataract or glaucoma)
- .6 Diseases of the arteries NEC (as in ICDA 440-447)
- .7 Cerebrovascular disease (stroke)(with arteriosclerosis)(with hypertension)
- .8 Neoplasm
- .9 Accident or injury except at birth
- .X Congenital origin NEC or birth injury
- .Y Conditions not in .0-.9, or .X (noncongenital)(nontraumatic)(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 (scarlet fever)(meningitis)(encephalitis)(arthritis)(osteomyelitis)(neuritis)(etc.)
- .4 Neoplasm
- .5 Diabetes (with gangrene)
- .6 Diseases of arteries NEC (gangrene)(general arteriosclerosis)
- .7 Cerebrovascular disease (stroke)(with arteriosclerosis)(with hypertension)
- .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)

F. CLASSIFICATION OF IMPAIRMENTS, BY TYPE AND SITE (X00-X99)

Note: For complete instructions for coding all types of impairments and their causes, see HIS Medical Coding Manual.

X00-X05 IMPAIRMENT OF VISION

- X00 Visual impairment: Inability to read ordinary newspaper print with glasses, and impairment indicating no useful vision in either eye
- X01 Blind in one eye, other eye defective, but not blind
- X02 Blind in one eye, other eye good or not mentioned
- X03 Visual impairment NEC, in both eyes
- X05 Impaired vision except as in X00-X03

X06-X09 IMPAIRMENT OF HEARING

- X06 Deafness, total, both ears, including deafmutism
Includes persons, with or without speech, who are completely deaf.
- X07 Hearing loss or impairment involving both ears not codable to X06*
- X08 All hearing loss or impairment involving only one ear*
- X09 Hearing loss, complete or partial, or impairment for which it is impossible to determine whether one or both ears are involved*

F. ContinuedX10-X19 IMPAIRMENT OF SPEECH, INTELLIGENCE, SPECIAL SENSEX10,X11 IMPAIRMENT OF SPEECH

X10 Stammering, stuttering

X11 Other speech defect

Includes absence of larynx, and chronic speech and voice defects due to removal of larynx (voice box) and other structures involved in speech and talking.

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

X12,13 IMPAIRMENT OF SPECIAL SENSE, EXCEPT VISION OR HEARING

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 RETARDATION

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

X15 Mongolism (Down's disease or syndrome)(any I.Q.)

X16 Severe or profound mental retardation NEC (I.Q. under 36)

X17 Moderate mental retardation (I.Q. 36-51)

X18 Borderline or mild mental retardation (I.Q. 52-85)
Includes: backwardness; feeblemindedness; moron.

X19 Unspecified mental retardation

Includes mental retardation or deficiency, degree or type not specified.

F. ContinuedX20-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, speech, intelligence is coded to X06-X19. See also X90, X92.

X20-X25 ABSENCE, LOSS, 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

X26-X31 ABSENCE, LOSS, 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

X32-X34 ABSENCE, LOSS, 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)

X36-X39 ABSENCE, LOSS, CERTAIN OTHER SITES

- X36 Absence, lung
- X37 Absence, kidney
- X38 Absence, breast
- X39 Absence, rib, or bone, joint, muscle, of trunk or extremity,
without loss of extremity

F. ContinuedX40-X69 PARALYSIS, COMPLETE OR PARTIALX40-X49 PARALYSIS NOS (COMPLETE) OF EXTREMITIES AND TRUNK, AS FOLLOWS:

- 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

F. ContinuedX70-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 (ICDA 725).

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.

ORTHOPEDIC IMPAIRMENT NEC (CHRONIC) INVOLVING:

- X70 Back NOS, spine NOS, vertebra NOS (low)(lumbosacral)(sacroiliac)(entire)
- X71 Cervical or thoracic region of back, spine, vertebrae
- X72 Coccygeal region of back, spine, vertebrae (last bone of spine)
- X73 Shoulder, upper arm, forearm above wrist; arm NOS
- X74 Wrist, hand, finger, thumb -- sites in X73 not involved
- X75 Hip and/or pelvis, alone, or with any other site in X70-X79
Excludes congenital dislocation of hip (X85.X).
- X76 Knee, leg NOS - hip not involved
- X77 Ankle, foot, toe - sites in X76 not involved
Excludes impairments involving arches of foot, feet (X82).
- X78 Multiple sites NEC (back and legs)(fingers and toes)(legs and arms)(arms and back)
- X79 Other and ill-defined sites
Includes: rib; trunk, NOS; "side," NOS; limping, staggering, stumbling, trouble in walking, NOS.
Excludes: jaw (X92); and ataxic gait, which if chronic, is coded as for paralysis, partial.

F. ContinuedX80-X89 SPECIFIED DEFORMITY OF LIMBS, TRUNK, BACK

Includes: specified structural deformities of limbs, trunk, back, described as: contracture; atrophy; accessory ("extra"); short or shortness; crippled; shrivelled; "drawn up"; "twisted"; "withered"; and scarring (with contracture) involving limbs, neck, back, trunk.

Excludes: dwarfism and other deviations from normal size, weight, height (X94-X97); paralysis, all sites (X40-X69); scarring and disfigurement of face, nose, lips, ears (X90).

X80 Curvature and other structural deformities of spine or back, except as in X81.X

Includes all structural deformities of spine or back except spina bifida (X81.X).

Excludes: chronic back conditions NEC in X70-X72, and disc conditions as in ICDA 725, amended. (See 725 in Appendix III).

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

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

X83 Clubfoot (congenital)

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

Includes: pigeon breast; cervical rib; postural defect NEC.

F. ContinuedX90-X99 DEFECT, ABNORMALITY, SPECIAL IMPAIRMENT, NEC

- X90 Disfigurement, scarring, face, nose, lips, ears
Includes: absence of nose, lips, ears; accessory auricle; other abnormality NEC of face, nose, ears, mouth, teeth, jaws if stated to be disfiguring. If speech defect is also present, code it also.
Excludes cleft palate and harelip whether or not disfiguring (X91.X).
- X91.X Cleft palate and harelip (with speech defect)(disfiguring)
Includes cleft palate and cleft lip (as in ICDA 749) with or without speech defect and whether or not stated to be disfiguring.
- X92 Other dentofacial handicap
Includes: acquired absence of teeth, onset 3 months plus; and abnormalities of teeth, malocclusion, and other jaw and dentofacial anomalies as in ICDA 520.0, 520.1, 520.2, 520.5, 521.6, and 524. If speech defect is also present, code it also.
Excludes: cleft palate and harelip (X91.X); and other dentofacial handicaps if stated to be disfiguring (X90).
- X93 Deformity of skull (hydrocephaly)(microcephaly)
If mental retardation is also present, code it also under X15-X19. If hydrocephaly is due to a specified active chronic disease of brain or meninges, code the disease only - not X93.
- X94 Dwarfism; Midget; Excessively underheight
Includes "stunted growth" NOS, or late effect (old); if due to some currently active disease, code the disease only.
- X95 Gigantism (excessively overheight)
- X96 Obesity, chronic, cause unknown (familial)(hereditary)
See also category 277, Appendix III.
- X97 Underweight, chronic, cause unknown
See also categories 268 and 269.9, Appendix III.
- X98 Artificial orifice (opening) or valve (surgical) any site
(colostomy)
- X99 Special impairment, ill-defined
Includes: deformed NOS; cripple NOS; "birth injury" or "brain damage" NOS, at ages 3 months or over without specification as to type of impairment; ill-defined "after-effects" of tuberculosis, encephalitis, poliomyelitis, trachoma, toxoplasmosis, rickets, intracranial abscess. See also item D, Appendix I.
Excludes stroke, or ill-defined "after-effects" of stroke; code the stroke - not X99.

APPENDIX II

CLASSIFICATION OF OPERATIONS, FOR HIS

(Revised January 13, 1969)

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Health Services and Mental Health Administration
National Center for Health Statistics
Division of Health Interview Statistics

CLASSIFICATION OF OPERATIONS, FOR HIS

ICDA contains a very detailed classification and index of surgical operations and other therapeutic and diagnostic procedures, constructed to be useful within hospitals for hospital record keeping. (For further description and content, see Vol. 1, pages V, XI, 523-671.) HIS will not use the ICDA classification of operations but will continue to use its own list of less than one hundred categories which has been in effect with very few changes since the beginning of the Survey in 1957; this list of operations is set forth in the following pages of this Appendix. HIS Medical Coders will use the HIS Index of Operations in coding types of operations as reported by household members on the Hospital Page of the questionnaire--not ICDA, Vol. 2.

It can be seen that the HIS list of operations is a simple and practical one, having been planned to emphasize in minimal technical detail only those operations that are most frequently performed in hospitals. There are ten broad groups, one of which collects all procedures for delivery by means of 2 codes only (93 and 95). The other 1-digit categories (0 through 8) divide the body into systems or regions, each of which has one or more 2-digit subdivisions. These subdivisions describe operations within these systems in one or more of the following ways:

- a. A specified operative procedure with the part of body specified or implied, as in Tonsillectomy (50) or D and C (78).
- b. Operations, without reference to procedure, for certain conditions which are commonly surgical conditions, as in Operations for hernia (65), or Operations for fractures of bones NEC (83).
- c. Operations, except as in a. or b. above (without reference to procedure or condition) on a specified part of body, as in Operations on kidney (70) or Other operations on bone (89).

For alphabetical arrangement of these descriptions of operations, see Index of Operations, for HIS.

0 - ENDOCRINE SYSTEM

01 Thyroidectomy (complete)(partial)

02 Other operations on thyroid gland

09 Operations on other endocrine glands

Includes: operations on adrenal, carotid, parathyroid, pineal, pituitary, and thymus glands.

Excludes: operations on pancreas (6X), ovary (79), testicles (74).

1 - NERVOUS SYSTEM, EXCEPT EYE, EAR

10 Treatment and tests, surgical, for mental and nerve disorders

Includes: encephalography; myelogram; nerve block (by injection); shock therapy; ventriculography.

Excludes: spinal tap (13).

11 Operations on brain and cerebral meninges NEC

12 Operations on skull or cranium NEC

Includes: operations and procedures for fracture of skull.

13 Operations on spinal cord and spinal meninges NEC

Includes: spinal tap.

Excludes: operations on spinal "disc" (86), and spine NOS (8X).

14 Other operations on nervous system

Includes: operations on peripheral nerves NEC, and sympathetic nerves NEC.

Excludes: operations on eye (any part) or optic nerve (20) and ear (any part) - see 25, 26.

2 - EYE, EAR, MASTOID

20 Operations on eye, any part

Includes: operations on cornea, eyelid, lacrimal tract, lens, ocular muscle, optic nerve, retina, or any other part of eye and adnexa.

25 Operations on ear, except with mastoid involvement

26 Operations involving mastoid process

Includes: mastoidectomy (complete)(radical)(simple); any other operation on mastoid.

3 - CARDIOVASCULAR SYSTEM

30 Operations on heart

Includes: operations on pericardium, valves, and other heart structures, including cardiac massage.

Excludes: operations on heart arteries (32).

31 Operations for varicose veins

32 Operations on arteries NEC, veins NEC, capillaries

Includes: angiogram or arteriogram of specified arteries except cerebral, and other operations on arteries of any site.

Excludes: angiogram or arteriogram NEC, or cerebral (10); operations for hemorrhoids (67); and for varicose veins NEC (31).

4 - LYMPH SYSTEM, SPLEEN, BONE MARROW

49 Operations on lymph system, spleen, bone marrow

Includes: operations on lymph channels, glands, nodes, vessels; on spleen; on bone marrow.

5 - RESPIRATORY SYSTEM

50 Tonsillectomy and/or adenoidectomy

51 Other operations on throat, pharynx, tonsils

52 Operations on nose or nasopharynx

Includes: procedures for nose fractures; all operations on nasal bone or septum.

Excludes: operations involving skin only, of nose (82), and on nasal sinuses (53).

53 Operations on sinuses (accessory)(nasal).

54 Operations on lung and pleura

Includes: operations involving pleural cavity or space.

59 Operations on other sites of respiratory system

Includes: operations on bronchial tubes, chest NOS, larynx, thorax NOS, trachea.

Excludes: operations NEC on ribs (89), and on breast bone (89).

6 - DIGESTIVE SYSTEM, AND ABDOMINAL REGIONS NEC

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

7 - GENITOURINARY SYSTEM, AND BREAST

70 Operations on kidney

71 Operations on bladder

72 Circumcision

73 Operations on prostate (gland)

Includes: all operations for any prostate (gland) condition.

74 Other operations on male genital organs

75 Mastectomy (complete or partial)(female)(male)

76 Other operations on breast (female)(male)

77 Hysterectomy (complete)(partial)

Note: If hysterectomy is done with other applicable surgery in 70-76, 78, 79, 7X--during a single hospital stay--code 77 only; if done with other(s) not in this group, code 77, and the other(s) also.Includes: removal of uterus, any part; removal of cervix.

78 D and C (dilation and curettage)

79 Other operations on female genital organs

Includes: operations for cystocele and/or rectocele (for females).Excludes: cystocele operation for male (71); rectocele operations for male (66).

7X Other genitourinary operations NEC

8 - SKIN, MUSCULOSKELETAL SYSTEM, AND REGIONS NEC

80 Skin graft, any site

81 Operations for pilonidal cyst

82 Other operations on skin and subcutaneous tissue

Includes: operation for boils, for removal of birthmarks, lipomas, moles, warts, for skin infections NEC, for surface lacerations; and operations on hair follicles, nails, scalp, sebaceous or sweat glands.

Excludes: operations, any, on eyelid (20), ear (25), lip (61).

83 Operations for fractures of bones NEC

Excludes: operations and procedures for fracture of skull (12), and nose (52); operations for refracture of bone, any site (89).

84 Operations for dislocations of joint NEC

Includes: operations and procedures for dislocations, without fracture, of jaw, spine or vertebra NEC, and joints, except knee, of extremities.

Excludes: operations and procedures for dislocations without fracture of knee (85), nose (52) and spinal or vertebral disc (86).

85 Operations for knee derangement

Includes: operations for dislocation without fracture of knee, and for tear or rupture of cartilage, ligament, tendon of knee.

86 Operations for spinal "disc" conditions

87 Amputation of finger(s), toe(s), only

88 Amputation of arm(s), leg(s)

Excludes: amputation of finger(s) or toe(s) only (87).

89 Other operations on bone

Includes: refracture of bones of any site

8X Other operations on musculoskeletal system, and regions NEC

Includes: operations on bursae, cartilage, fasciae, joints, ligaments, muscles, and other parts of musculoskeletal system not codable to 83-89 or elsewhere; and operations NEC, condition not specified and tissue not apparent on sites or regions such as: arm, back, chin, face, finger, foot, hand, head, hip, leg, neck, shoulder, spine, toe.

Excludes: operations, condition not specified, on abdominal "regions" NEC (6X), chest NOS (59). Excludes also operations on regions such as arm, back, chin, face, finger, etc. (as above) when the specific tissue involved--such as skin, bone, etc.--is apparent.

9 - SURGICAL AND OPERATIVE PROCEDURES FOR DELIVERY

93 Cesarean (birth)(operation)(section)(with any other procedure for delivery)

95 Other operation or procedure 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 it is known that an operation was performed, but there is no information about the kind of operation or about the body system involved.

APPENDIX III
(Revised January 13, 1969)

MODIFICATIONS OF THE INTERNATIONAL CLASSIFICATION OF DISEASES,
ADAPTED FOR USE IN THE UNITED STATES (ICDA), EIGHTH REVISION--
AS REVISED FOR THE HEALTH INTERVIEW SURVEY

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Health Services and Mental Health Administration
National Center for Health Statistics
Division of Health Interview Statistics

EXPLANATORY NOTES

- A. Differences Between ICDA and ICD, Seventh Revision Medical coders, supervisors, and statisticians are referred to Vol. 1, Introduction, for a discussion of how ICDA differs from ICD, Seventh Revision. HIS will base its diagnostic codes on those of ICDA, as of January 13, 1969, but will make use of many of the same types of modifications it employed when ICD was in use -- before January 13. These modifications are included in this Appendix.
- B. Purpose of Appendix III Appendix III, completely rewritten as of January 13, 1969, does for ICDA what the former Appendix III did for ICD. It lists in numerical order all diagnostic categories in 000-999 which have been changed, moved, deleted, or added by HIS in order to make the diagnostic coding more useful for HIS purposes. The coder in training or being retrained should study the new Appendix III carefully, annotating his own copy of Vol. 1 of ICDA to include there these modifications, or to enter a reference to Appendix III for instructions too lengthy to enter into Vol. 1.
- C. General Types of Modifications Many of the modifications used by HIS for ICD are needed also for ICDA and will be continued. These refer particularly to certain symptoms and ill-defined conditions, and all kinds of impairments, late effects, eye diseases. Certain modifications for ICDA are required but were not needed for ICD--as in the case of allergy. On the other hand, certain modifications used with ICD have been dropped, in cases where they are no longer regarded as essential or useful with ICDA.
- D. Form of Appendix III The form of Appendix III has not been changed. Each page has four divisions. The broader one, under the heading "Category Title," lists the name of the conditions, or class of conditions, with notes explaining the nature of the modification. At the left are three columns, showing the code numbers involved, under the following headings:
1. "Content" Categories with ICDA code numbers in this column have been changed in regard to some inclusion or exclusion, or need some explanation in regard to what ICDA includes there. In a few cases, the category title has been changed by HIS.
 2. "Not Used" The ICDA code numbers appearing in this column are not used by HIS. A few of these refer to categories applicable only in coding of deaths and are therefore never used for this Survey. Some of them are ICDA categories for late effects of diseases or injuries, and a large number include sites and types of impairments; for these the X-Code is used instead. (See Appendix I for details.) Still others are conditions which are coded by HIS in terms of some other ICDA number; for example ICDA 708 (Urticaria) is not used, but will be coded by HIS as for Dermatitis in 692.
 3. "New Code" Categories with numbers in this column are HIS special codes which have been given a number which is not used by ICDA. Many of these serve to distinguish, from more specific terminology, certain ill-defined terms; for example, 246.0 (Thyroid trouble or disease, NOS); or 701.4 (Dry skin, NOS).

APPENDIX III

Content	Not used	New code	Category Title
			INFECTIVE AND PARASITIC DISEASES (000-136, 137) <u>Note:</u> For HIS, for acute infections not in 000-136, reported with or due to acute infections in 000-136, code the latter <u>only</u> as stated in rule 2c in "Combining and Merging," in the Medical Coding Manual.
011			PULMONARY TUBERCULOSIS <u>Includes:</u> tuberculosis, NOS, tuberculosis respiratory, NOS. <u>Excludes:</u> tuberculosis, arrested, or inactive,-- now in 137, special code for HIS.
	019 044		LATE EFFECTS OF TUBERCULOSIS LATE EFFECTS OF ACUTE POLIOMYELITIS
066			Change title to: PARKINSONISM, POSTENCEPHALITIC (VIRAL) For HIS, code all <u>other</u> viral postencephalitic conditions (3 mos+) to the resulting condition only, i.e., to Section V or the X-Code or to whatever is specified. If the viral encephalitis is still active or is acute (-3 mos), code <u>it only</u> , as in 062-065.
076			Change title to: TRACHOMA (ACTIVE) (CHRONIC) If trachoma has resulted in some chronic continuing eye <u>disease</u> with no mention of visual impairment, code 076 <u>only</u> ; if vision is also said to be impaired, code <u>also</u> to the X-Code with infection (.4) as etiology.
	077		LATE EFFECTS OF TRACHOMA
079.9			VIRAL INFECTION, UNSPECIFIED <u>Includes:</u> "virus" (infection), NOS, type or site not specified. <u>Excludes:</u> any condition due to virus that can be coded elsewhere, such as virus cold (460), virus sore throat (462), virus infection, throat (462), viral diarrhea (008.9), or intestinal virus (008.9).
	130.2		LATE EFFECTS OF INTRAUTERINE INFECTION (DUE TO TOXOPLASMOSIS)
		137	TUBERCULOSIS (PULMONARY) (ANY SITE) ARRESTED OR INACTIVE

Content	Not used	New code	Category Title
218			<p>NEOPLASMS (140-239)</p> <p>These are to be coded, by site, as per ICDA.</p> <p>Multiple sites and types in 140-239: As formerly, only one number in 140-239, per person, is to be coded, using the following order of preference, for type:</p> <p style="padding-left: 40px;">200-209 (Leukemia, Hodgkin's disease, etc.) 140-199 (Malignant neoplasms; cancer) 210-228 (Benign tumors; certain cysts) 230-239 (Tumors unspecified whether benign or malignant)</p> <p>If malignant, and the original (primary) site is known, code it, only. If reported as secondary or metastatic, and the secondary site is known but the original site is <u>not</u> known, code to the secondary site, as per ICDA, in 196-198. If no site is mentioned but the report says "full of cancer," "tumors all over body," etc., use 199.0 or 228, depending upon whether the condition is indicated to be malignant or benign.</p> <p>If 2 or more site or types in 140-239 are specified, and none of the above is applicable, code only the first one mentioned.</p> <p><u>Note:</u> Cysts, or other types of tumors, classified <u>elsewhere</u> than in 140-239, are to be coded separately as reported.</p> <p>UTERINE FIBROMA For HIS, <u>includes also</u> fibroid cyst.</p>

Con- tent	Not used	New code	Category Title
			ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES (240-279)
243			CRETINISM OF CONGENITAL ORIGIN <u>Includes</u> "low thyroid" (hypothyroidism) if stated to be congenital.
244			MYXEDEMA <u>Includes</u> "low thyroid" (hypothyroidism), NOS, or acquired.
246			OTHER DISEASES OF THYROID GLANDS
		246.0	THYROID TROUBLE OR DISEASE, NOS
		246.1	DISEASES IN ICDA 246 EXCEPT 246.0
251			DISORDERS OF PANCREATIC INTERNAL SECRETION OTHER THAN DIABETES MELLITUS <u>Includes</u> "low blood sugar" (hypoglycemia), cause unknown.
256			OVARIAN DYSFUNCTION <u>See note</u> under 258.
257			TESTICULAR DYSFUNCTION <u>See note</u> under 258.
258			POLYGLANDULAR DYSFUNCTION AND OTHER DISEASES OF ENDOCRINE GLANDS For HIS, categories 256-258 <u>include</u> the terms listed by ICDA as primary disorders of endocrine gland functioning. They <u>exclude</u> all diseases of male and female genital <u>organs</u> classified elsewhere. For HIS, category 258.9 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 <u>that</u> disease only.
		265.1	LATE EFFECTS OF RICKETS
268			NUTRITIONAL MARASMUS For HIS <u>includes</u> the listed conditions of any duration, in persons of any age, <u>if</u> stated to be due to malnutrition or other eating or nutritional problems. <u>Excludes</u> them if due to cancer or other active disease; <u>code</u> the disease only. <u>Excludes</u> them also, if 3 mos+, with no active cause stated; code X97.0.

Content	Not used	New code	Category Title								
			(240-279)--Continued								
269.1			<p>MALABSORPTION SYNDROME, UNSPECIFIED For HIS, <u>includes</u> weight loss of any duration with or due to this syndrome; do not code weight loss separately.</p>								
269.9			<p>OTHER AND UNSPECIFIED For HIS, <u>see</u> 268 for loss of weight or underweight described as in 268. <u>Includes</u> loss of weight or underweight - not as in 268 - in persons of any age, if stated to be due to malnutrition or other eating or nutritional problems. <u>Excludes</u> this if due to cancer or other active disease; code the disease only. <u>Excludes</u> this also if 3 most+, with no active cause stated; code X97.0. For low birthweight constituting immaturity in infants, <u>see</u> ICDA 777.</p>								
277			<p>OBESITY NOT SPECIFIED AS OF ENDOCRINE ORIGIN For HIS, <u>includes</u> obesity or overweight, onset -3 mos, cause altogether unknown (or familial or hereditary) in persons of any age. <u>Excludes</u> obesity or overweight, 3 most+, cause altogether unknown (or familial or hereditary) in persons of any age (X96). <u>Excludes also</u> obesity or overweight due to overeating (278.9) or to any specified active cause in persons of any age, regardless of date of onset; code cause <u>only</u>.</p>								
289.9			<p>DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS (280-289)</p> <p>OTHER AND UNSPECIFIED For HIS, <u>includes also</u>:</p> <table data-bbox="656 1417 1287 1540"> <tr> <td>Blood:</td> <td>Excess or lack:</td> </tr> <tr> <td>count, low</td> <td>red corpuscles</td> </tr> <tr> <td>"low"</td> <td>white corpuscles</td> </tr> <tr> <td>"tired"</td> <td></td> </tr> </table> <p>For HIS, <u>excludes also</u> disease or trouble of gland NOS (797) (special code).</p>	Blood:	Excess or lack:	count, low	red corpuscles	"low"	white corpuscles	"tired"	
Blood:	Excess or lack:										
count, low	red corpuscles										
"low"	white corpuscles										
"tired"											

Content	Not used	New code	Category Title
			<p>MENTAL DISORDERS (290-309, 319)</p> <p><u>Note:</u> For HIS, if more than one condition codable to 290-309, 319 is reported for a person, only one will be coded - preference given to 290-299 over others.</p> <p>PSYCHOSES (290-299)</p> <p>For HIS, only the appropriate psychosis code will be assigned to psychosis due to the following: senility; presenility; alcoholic or drug addiction; menopause; old or inactive injuries in 800-959, 996; old infections; old childbirth.</p> <p>However, for psychosis due to the following, the cause will be coded as well as the psychosis: exposure (not addiction) to substances in 960-989, or to causes in 997-998, whether recent or old; cerebrovascular lesions in 430-435, 438--recent or old; <u>any</u> currently <u>active</u> disease or injury, other than those mentioned in paragraph above.</p> <p>NEUROSES, PERSONALITY DISORDERS, AND OTHER NONPSYCHOTIC MENTAL DISORDERS (300-309)</p>
300.5			<p>NEURASTHENIA</p> <p>For HIS, <u>includes</u> "nervous weakness" and weakness, due to nerves. Do not code 319 (special code) in addition. <u>Excludes:</u> weakness due to old age, 65+ (794) and weakness, cause unknown (790.1).</p>
303			<p>ALCOHOLISM</p> <p>Code "drinking," "drunkenness," "hangover" to 303.9, unless it is clear than a term in 303.0-303.2 is applicable instead.</p>
304			<p>DRUG DEPENDENCE</p> <p>For HIS, addiction, or dependence, or chronic poisoning by drugs is coded to the codes, by substance, shown under "Dependence," in Vol. 2. An additional code from the Table of Adverse Effects, Section III, Volume 2, is not to be used.</p>
305	305.1 305.2 305.4 305.7 305.8 305.9		<p>PHYSICAL DISORDERS OF PRESUMABLY PSYCHOGENIC ORIGIN</p> <p>For HIS, only categories 305.0 (skin), 305.3 (cardio-vascular), 305.5 (gastrointestinal), 305.6 (genitourinary) will be used. Conditions indexed by ICDA to the other 4th digits in 305 as psychogenic, or which are described by respondents as being due to "nerves," will be coded as if <u>not</u> psychogenic or due to nerves. For example, "asthma due to nerves" will be coded to 493 - <u>not</u> 305.2. For HIS, if allergy is also a factor in disorders codable to 305.0, 305.3, 305.5, or 305.6, code only the allergy--ignoring "nerves."</p>

Con- tent	Not used	New code	Category Title
			(290-309, 319) -- Continued
			(300-309) -- Continued
305.3			<p>CARDIOVASCULAR For HIS, <u>excludes</u> hypertension and specific heart and artery diseases if said to be due to "nerves;" these will be coded without reference to "nervous," or psychogenic, origin. <u>Includes</u> symptomatic or functional disorders of heart (similar to those shown in 305.3 of Vol. 1) if these are psychogenic, or due to "nerves."</p>
306			<p>SPECIAL SYMPTOMS NOT ELSEWHERE CLASSIFIED For HIS purposes, a number of amendments have been made, as shown below. Categories 306.0-306.9 will not be used if conditions elsewhere in 290-309 are <u>also</u> present, or if the cause of any in 306 is known to be a physical (body) disease or current injury.</p>
306.0			<p>STAMMERING AND STUTTERING, -3 mos. For HIS, code to X10 if 3 mos+, by the rules for Impairments. For other speech defects, -3 mos, <u>see</u> 306.9, this Appendix.</p>
306.1			<p>SPECIFIC LEARNING DISTURBANCE, -3 mos. For HIS, code to X14 if 3 mos+.</p>
306.4			<p>SPECIFIC DISORDERS OF SLEEP For HIS, <u>includes also</u> any in 780.6.</p>
306.5			<p>FEEDING DISTURBANCE For HIS, <u>excludes</u> loss of appetite NOS (536.9) or due to "nerves" (305.5); and faulty or improper diet among relatively stable persons (269.9).</p>
306.6			<p>ENURESIS For HIS, <u>includes also</u> any in 786.2.</p>
306.7			<p>ENCOPRESIS For HIS, <u>includes also</u> any in 785.6.</p>
306.8			<p>CEPHALALGIA For HIS, <u>includes also</u> headache due to "nerves."</p>
306.9			<p>OTHER SPECIAL SYMPTOMS NOT ELSEWHERE CLASSIFIED For HIS, <u>includes</u> speech defects, NEC, -3 mos, and also any indexed by ICDA to 781.5. If 3 mos+, code to X11.</p>

Con- tent	Not used	New code	Category Title
309			<p>(290-309, 319) -- Continued</p> <p>(300-309)--Continued</p> <p>MENTAL DISORDERS NOT SPECIFIED AS PSYCHOTIC ASSOCIATED WITH PHYSICAL CONDITIONS</p> <p>For HIS, categories 309.0-309.9 <u>include also</u> "nerves" (and equivalents), and other emotional or psychiatric conditions <u>except psychosis</u>, if these <u>nonpsychotic nervous or mental conditions</u> are due to physical causes. <u>Exception:</u> As per ICDA, alcoholism (303) and drug dependence (304) and nonpsychotic nervous or mental conditions due to these specified causes, will be coded to 303 or 304--not 309.1. However, if the alcoholism or drug addiction, itself, is due to a physical condition--for example, cancer--use 309.9 (as per ICDA).</p> <p>For HIS, nonpsychotic mental or nervous disorders due to the following will be given only 1 code:</p> <ol style="list-style-type: none"> a. Menopause: code 627 only. b. Senility or presenility: code 309.6 only. c. Old or inactive injuries in 800-959, 996; old infections; old childbirth: code to the appropriate code in 309, only. <p>However, for nonpsychotic mental or nervous disorders due to the following, the cause will be coded as well as the mental or nervous disorder: exposure (not addiction) to substances in 960-989, or to causes in 997-998 -- whether recent or old; cerebrovascular lesions in 430-435, 438--recent or old; <u>any currently active</u> disease or injury, other than those mentioned in paragraphs above.</p>
	310 311 312 313 314 315		<p>MENTAL RETARDATION (X15-X19)</p> <p>For HIS, code all degrees of mental deficiency or retardation to the X-Code (X15-X19) with the appropriate etiology code. Code separately cerebral palsy, other impairments, and chronic active diseases which may also be present.</p> <p>Code degrees and types as follows:</p> <p>Mongolism, mongolian idiot (congenital): X15.X Severe or profound except mongolism (I.Q. under 36): X16 Moderate (I.Q. 36-51): X17 Mild or borderline (I.Q. 52-85): X18 Includes: backwardness feble-mindedness moron</p> <p>Unspecified: X19</p>

Con- tent	Not used	New code	Category Title
			(290-309, 319)--Continued
		319	<p>NERVOUSNESS, DEPRESSION, NOS</p> <p>Note: For HIS, this category will not be used if any other in 290-309 is applicable.</p> <p>For HIS, <u>includes only</u>:</p> <p>any indexed by ICDA to 790.0 or 790.2; "bad nerves"; depression NOS; "jitters"; "worry"; nervous "trouble," "condition," or "disorder" } unknown cause or type</p> <p><u>Excludes</u>:</p> <p>brain syndrome: code as per ICDA conditions described as "mental," and indexed by ICDA as follows, such as: mental disorder (300.9) mental exhaustion (300.5) mental disturbance (300.9) mental disease or illness (299)</p> <p>emotional and excitement conditions: code as per ICDA nervous conditions indexed by ICDA as follows, such as: nervous breakdown (300.9) nervous prostration (300.5)</p> <p>nervous or mental conditions <u>except psychosis</u> (nonpsychotic) when due to or associated with physical disorders. <u>See</u> 309.0-309.9, this Appendix.</p>

Con- tent	Not used	New code	Category Title
			<p>DISEASES OF THE CENTRAL NERVOUS SYSTEM AND SENSE ORGANS (320-389)</p> <p>(For Vascular Lesions of CNS, <u>see</u> Cerebrovascular Disease, 430-435, 438, this Appendix.)</p>
	324		<p>LATE EFFECTS OF INTRACRANIAL ABSCESS OR PYOGENIC INFECTION For hydrocephaly, <u>see</u> X93. Code other residuals, 3 most+, according to the type of residual specified, using the X-Code, if applicable, or the appropriate code in ICDA-- <u>not</u> 324</p>
	343		<p>CEREBRAL SPASTIC INFANTILE PARALYSIS For HIS, code the listed conditions, or any form of "cerebral palsy" to X50, using the 4th digit etiology code "X" if the condition is congenital or due to birth injury. If the cause is something else, or is not known, use the appropriate etiology code.</p>
	344		<p>OTHER CEREBRAL PARALYSIS For HIS, all forms of paralysis, 3 most+, are coded to the X-Code, with the appropriate 4th digit (etiology) code, by the rules for Impairments.</p> <p>Paralysis -3 mos, of specified cause, code cause <u>only</u>. <u>If -3 mos. and cause is not known, code as follows:</u></p> <p>one arm, leg, hand, finger, foot (monoplegia): code 787.0*, as amended spine or spinal, NOS: code 349.5*, as amended two or more extremities: code to 438*, as amended other sites (bladder, face, larynx, etc): <u>see</u> Vol. 2.</p>
345			<p>EPILEPSY For HIS, code any injury, -3 mos, related to epilepsy (and synonyms) to one of the codes in 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, in addition. If the epilepsy is due to an old injury (3 mos+), code only to epilepsy, by type, in 345.0-345.9.</p> <p>If any mental disorder or deficiency is reported with or as due to epilepsy, code the epilepsy, by type, and <u>also</u> the mental disorder; code psychosis due to epilepsy to 293.2; code nonpsychotic mental disorders due to epilepsy to 309.4; code mental deficiency due to epilepsy to X15-X19, with "Y" in the 4th digit.</p>

Con- tent	Not used	New code	Category Title
			(320-389)--Continued
			(345)--Continued
345.9			<p>OTHER AND UNSPECIFIED EPILEPSY</p> <p>For HIS, <u>includes</u> also: repeated or chronic, 3 mos+, convulsions, fits, seizures; <u>excludes</u>: "black out" spells (782.5). <u>Excludes</u> convulsions, fits, seizures, -3 mos, cause unknown (780.2).</p>
346			<p>MIGRAINE</p> <p>For HIS, includes <u>migraine</u> due to "nerves" or allergy; code 346 only. Vision and hearing disturbances due to migraine; code 346 only. Migraine and menopause: code each. Migraine and sinus: code each.</p> <p>Code headache as per ICDA index, and the general coding rules for HIS.</p>
347.9			<p>OTHER DISEASES OF BRAIN</p> <p>For HIS, <u>includes</u> also "encephalopathy," cause and type unknown.</p> <p>For HIS, <u>excludes</u> "brain damage," or "birth injury," 3 mos+, with no residual specified (X99), and hydrocephaly without mention of underlying defect (X93).</p>
		349.1	SPINAL PARALYSIS, MONOPLEGIC
		349.2	" " , HEMIPLEGIC
		349.3	" " , PARAPLEGIC
		349.4	" " , QUADRIPLEGIC
			<p>For HIS, paralysis (cerebral or spinal), involving one or more extremities, is coded as explained in 344, this Appendix.</p>
349.5			<p>SPINAL PARALYSIS, OTHER AND UNSPECIFIED</p> <p>For HIS, this category will be used only for paralysis, spine or spinal, with no mention of extremities or other parts involved, with onset in past 3 months, and with cause unknown. Paralysis, spine, or spinal, NOS, 3 mos+, is coded to the X-Code, according to the rules for Impairments.</p>

Con- tent	Not used	New code	Category Title
			(320-389)--Continued
			DISEASES OF NERVES AND PERIPHERAL GANGLIA (350-358)
			a. For radiculitis, except multiple, <u>see</u> category 728, this Appendix.
			b. For HIS, any condition codable to 350-358, if due to injury or poisoning, 3 mos+, is to be coded to 350-358, without reference to the old traumatic origin.
			c. Neuralgia, neuritis, sciatica, "pinched nerve," compression of, or "pressure on," nerve, due to current injury or to any <u>present active condition</u> is coded to such cause only--not to 350-358.
			d. Conditions as in c, above, <u>if of unknown cause</u> , or if due to <u>old injuries</u> or poisoning, will be coded by site, as per ICDA Index.
			e. For HIS, any type of residual palsy or paralysis listed in 350-358, or elsewhere, will be coded to the X-Code if 3 mos+, by the rules for Impairments.
350			FACIAL PARALYSIS For HIS, <u>includes</u> facial paralysis (Bell's), if -3 mos, of unknown cause, in persons aged 3 mos+. <u>Excludes</u> facial paralysis in infants under 3 mos. of age (772.2); and paralysis, face, 3 mos+ (X60).
351			TRIGEMINAL NEURALGIA <u>Includes</u> "tic douloureux," but <u>excludes</u> "tic NOS," and tic or "twitching" of face or eye as in 306.2. For HIS, <u>also includes</u> pain or spasm, face or facial.
354			POLYNEURITIS AND POLYRADICULITIS For HIS <u>includes also</u> neuralgia, neuritis, or radiculitis of 2 or more specified sites.
356			OTHER DISEASES OF CRANIAL NERVES For HIS, <u>includes</u> disturbance, or loss (paralysis), of sense of taste or smell, cause unknown, -3 mos; <u>excludes</u> these if 3 mos+ (X12). <u>See also</u> 781.4, this Appendix.
357			OTHER DISEASES OF PERIPHERAL NERVES EXCEPT AUTONOMIC For HIS, <u>excludes</u> paralysis, -3 mos, of <u>one arm</u> , <u>one leg</u> , <u>one hand</u> , <u>one foot</u> (monoplegia) of unknown cause, in persons over 3 months of age. <u>See</u> 787.0, this Appendix. <u>See also</u> notes above 350, this Appendix.

Con- tent	Not used	New code	Category Title
			(320-389)--Continued
			DISEASES AND CONDITIONS OF EYE (360-379)
			<u>NOTES:</u>
			a. For HIS, none of the 4th digits for <u>360-379</u> will be used.
			b. Category 379 (Blindness) will not be used. <u>See</u> X-Code (X00-X03, X05) for all Visual Impairments and special etiology codes for these.
			c. <u>See</u> Medical Coding Manual, Visual Impairments, for special rules for coding eye diseases and visual impairments.
			d. For HIS, all congenital anomalies of eye in 744.0-744.9 will be coded to the acquired diseases of the same type and site in 370-378. <u>See also</u> 744, this Appendix.
367			INFLAMMATION OF OPTIC NERVE AND RETINA For HIS, retinitis pigmentosa will be coded to 377, as amended.
370	4th digits		REFRACTIVE ERRORS <u>Includes:</u> "near-sighted;" "far-sighted," other specific types indexed by ICDA to 370.0-370.9. <u>Excludes,</u> for HIS, <u>eyesight, seeing, or vision</u> described as "poor," "bad," "defective," "blurred," - which are to be coded as for impairments of <u>vision</u> . <u>See</u> Manual, Visual Impairments. Code "eyestrain," cause unknown, to 378.
373	4th digits		Title changed, as follows: STRABISMUS AND OTHER DISORDERS OF OCULAR MOVEMENT For HIS, <u>includes</u> also: "cross-eye," "lazy eye," "double vision"; paralysis, weakness, or other disorders of muscles of eyeball; any condition in 781.1. <u>Excludes:</u> ptosis (prolapse) of eyelid (378).
374	4th digits		CATARACT For HIS, <u>includes</u> cataract of any origin. If due to any specified active chronic disease (such as diabetes) code the disease also; if traumatic and 3 mos+, code to 374 without reference to traumatic origin; if due to injury, -3 mos, code the original injury and the cataract also.
375	4th digits		GLAUCOMA For HIS, <u>includes</u> glaucoma, all forms, including congenital. If due to specified active chronic disease, code the disease also.

Content	Not used	New code	Category Title
			(320-389)--Continued
			(36^~379)--Continued
377	4th digits		<p>OTHER DISEASES OF RETINA AND OPTIC NERVE</p> <p>For HIS, <u>includes also</u> retinitis pigmentosa (congenital) and other congenital disorders of retina. <u>Includes</u> "amblyopia," so described, -3 mos, cause unknown; "amblyopia" 3 mos+ is to be coded to the X-Code, by degree of visual loss. Other descriptions of defective vision (poor vision, weak eyesight, etc.) will be coded as for all other visual impairments. <u>See</u> Medical Coding Manual, Visual Impairments.</p>
378	4th digits		<p>OTHER DISEASES OF EYE</p> <p>For HIS, <u>includes also</u>: "light hurts eyes" (photophobia); "eyestrain," NEC; <u>eye</u> trouble, NEC; and congenital disorders of eye not included in 370-377, as amended.</p>
		379	<p>BLINDNESS</p> <p><u>See</u> Medical Coding Manual, Visual Impairments.</p>
			<p>DISEASES OF EAR AND MASTOID PROCESS (380-389)</p> <p>For HIS, colds and acute upper respiratory infections in 460-465 resulting in acute ear infections in 381-383 are coded to 381-383 only, according to HIS rules for 460-465. Ear infections in 381-383 accompanying or due to infectious diseases in 000-136 are coded to 000-136 only.</p> <p>For HIS method of coding deafness and other hearing impairments and their causes, <u>see</u> Medical Coding Manual, Hearing Impairments.</p>
380			<p>OTITIS EXTERNA</p> <p>For HIS, <u>includes</u> boil in ear and infections of outer ear.</p> <p><u>Excludes</u> fungus infections of ear, assumed to be of the outer ear or skin of ear, and coded to 110.9. 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.</p>

Con- tent	Not used	New code	Category Title
387.2			<p>(320-389)--Continued (380-389)--Continued PERFORATION OF TYMPANIC MEMBRANE (NONTRAUMATIC) (TRAUMATIC, NEC) . For HIS, <u>includes also</u>: scarred or perforated ear drum, 3 mos+, whether or not of TRAUMATIC ORIGIN; if due to injury, -3 mos, code to 872. However, if 3 mos+, and this condition has caused any degree of hearing loss, code to the appropriate X-Code but do not code 387.2 in addition.</p>
387.9			<p>OTHER For HIS, <u>excludes</u> deformity (including absence) of ear, acquired or congenital (X90). <u>Excludes</u> any defect or deformity of ear (any part), acquired or congenital, causing hearing impairment; code these to X06-X09, by extent of hearing loss, but do not code the causative defect or deformity in addition. For HIS, <u>includes</u> the listed conditions in 387.9 or in 745.0-745.3, without statement or indication of a hearing impairment.</p>
	388		DEAFMUTISM. Code to X06.
	389		OTHER DEAFNESS. Code to X06-X09.

Con- tent	Not used	New code	Category Title
			DISEASES OF CIRCULATORY SYSTEM (390-458)
			RHEUMATIC FEVER (390-392) For inactive rheumatic fever, <u>see</u> special code 399.
390			RHEUMATIC FEVER WITHOUT MENTION OF HEART INVOLVEMENT For HIS, <u>includes</u> rheumatic fever (and synonyms) NOS, <u>without heart involvement</u> , with at least one bed day in past year.
391			RHEUMATIC FEVER WITH HEART INVOLVEMENT For HIS, <u>includes</u> reports of rheumatic fever, <u>with</u> rheumatic heart disease provided the rheumatic heart disease had its onset in <u>past 3 months</u> .
			CHRONIC RHEUMATIC HEART DISEASE (393-398) For HIS, categories 393-398 are to be used when the listed conditions are 3 most, with or without mention of rheumatic fever. Conditions in 393-398, or 390-392, 399, do not combine with hypertension and/or arteriosclerosis; code the latter without reference to rheumatic fever or rheumatic heart disease.
398			OTHER HEART DISEASE, SPECIFIED AS RHEUMATIC For HIS, code multiples per person in 393-398 to this category except when 396 is applicable.
		399	RHEUMATIC FEVER, INACTIVE (OLD) (HISTORY) <u>Includes</u> rheumatic fever (and synonyms), <u>with no mention of rheumatic heart disease</u> , with no bed days in past year.
			HYPERTENSIVE DISEASE (400-404) <u>Notes:</u> a. For hypertension (high blood pressure), <u>nonmalignant</u> , with cerebral (brain) and artery conditions, <u>see</u> Cerebrovascular Disease, 430-435, 438 this Appendix. b. Hypertension of any kind in 400-404 (benign or malignant), with ischemic heart disease (coronary conditions and/or angina), is coded to 412.0 or 413.0. (<u>See also</u> 412, 413, this Appendix.) c. For pulmonary hypertension, <u>see</u> 426, as per ICDA. d. Malignant hypertension without coronary conditions or angina is to be coded to 400.0-400.9, as per ICDA. For malignant hypertension with coronary conditions, <u>see</u> 412, 413.

Content	Not used	New code	Category Title
			(390-458)--Continued
			(400-404)--Continued
			<ul style="list-style-type: none"> e. For HIS, arteriosclerosis if present can be combined with any condition in 400-404. f. The kinds of heart conditions to be combined with hypertensive conditions in 400.1, 402, 404 are only those codable to 427-429, as per ICDA.
403			<p>HYPERTENSIVE RENAL DISEASE</p> <p>For HIS, <u>includes also</u> any kidney or renal condition in 580-584, or 593.6, or uremia (792)--of any onset, if arteriosclerosis and/or hypertension are also present.</p>
404			<p>HYPERTENSIVE HEART AND RENAL DISEASE</p> <p>For HIS, <u>includes also</u> any condition in 403, as amended, if a heart condition in 427-429 is <u>also</u> present.</p>
	410		ISCHEMIC HEART DISEASE (412-414)
	411		<p><u>Note:</u> a. For HIS, categories 410, 411 will not be used. Conditions indexed by ICDA to 410, 411 will be coded to 412. Thus ischemic heart disease (essentially coronary conditions), of any onset, will be coded to 412.</p> <p>b. For HIS, arteriosclerosis, if present, can be combined with any condition in 412-414.</p>
412			<p>CHRONIC ISCHEMIC HEART DISEASE</p> <p>For HIS, <u>includes also</u> any condition indexed by ICDA to 410, 411, regardless of date of onset.</p> <p>For HIS, if other heart conditions in 413-429 are present with coronary conditions in 412, code to 412 only--not 413-429.</p>
413			<p>ANGINA PECTORIS</p> <p>For HIS, if heart conditions in 414-429 are also mentioned, code 413 only.</p> <p>However, if coronary conditions as in 412 are also present, code 412 only, <u>not</u> 413-429.</p>

Content	Not used	New code	Category Title
			(390-458)--Continued
			OTHER FORMS OF HEART DISEASE (420-429) For HIS, conditions in 420-423 will <u>not</u> combine with hypertension and/or arteriosclerosis. However, conditions in 424 will combine with hypertension and/or arteriosclerosis, if they are <u>nonrheumatic</u> .
424			CHRONIC DISEASE OF ENDOCARDIUM For HIS, if any condition in 424 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.
426			PULMONARY HEART DISEASE For HIS, <u>includes also</u> any condition in 427-429 with mention of curvature of spine (and synonyms) as in X80, <u>provided</u> the curvature is stated to be related to, or causing, the heart condition. Code X80.Y also. <u>Includes</u> pulmonary arteriosclerosis or pulmonary hypertension as per ICDA.
427			SYMPTOMATIC HEART DISEASE For HIS, do not use 427.0-427.9 if a more specific type of heart disease is mentioned. If 427 is applicable; and hypertension is <u>also</u> present, code as per ICDA. For HIS, conditions codable to 427 <u>include</u> the listed conditions with or without mention of arteriosclerosis.
427.9			OTHER AND UNSPECIFIED DISORDERS OF HEART RHYTHM For HIS, <u>includes also</u> heart murmur (functional) and tachycardia NOS.
428			OTHER MYOCARDIAL INSUFFICIENCY For HIS, if arteriosclerosis is also present, code the listed conditions as for coronary conditions in 412.
429.9			OTHER AND UNSPECIFIED HEART DISEASE For HIS, <u>includes also</u> ill-defined terms such as heart disease or trouble, "weak heart," "bad heart," "heart failure NOS," and others in 782.4. <u>Excludes</u> "pain in heart," 782.0.

Content	Not used	New code	Category Title
	436 437		<p>(390-458)--Continued</p> <p>CEREBROVASCULAR DISEASE (430-435, 438)</p> <p><u>Notes:</u> a. For HIS, categories 436, 437 will not be used. Conditions indexed by ICDA to 436, 437 will be coded to 438. Thus, if specific lesions in 430-435 are not applicable, only 438 will be used in this series, regardless of date of onset.</p> <p>b. For HIS, arteriosclerosis and/or nonmalignant hypertension, if mentioned, will be combined with and coded to 430-435, 438. However, if a heart condition in 400.1, 402, 404, 412-414, 424, 426-429 is <u>also</u> present, the arteriosclerosis and/or hypertension should be combined with such heart conditions--not with 430-435, 438.</p> <p>c. For malignant hypertension with conditions in 430-435, 438, <u>see</u> ICDA category 400.2.</p> <p>d. As formerly, for HIS, no person will be given more than one code in 430-435, 438, even though he may have had more than one "stroke" or other cerebrovascular condition, and whether or not he has one or more residuals.</p> <p>e. If the person has paralysis 3 most+, or any other impairment in the X-Code, due to a cerebrovascular lesion, code these <u>also</u>, by the rules for Impairments, with .7 for the etiology. For example, for "hemiplegia 3 most+, speech defect 3 most+, both due to stroke," code X47.7, X11.7, and 438.9.</p> <p>f. Paralysis of a single extremity (one arm, leg, hand, or foot), <u>-3 mos, of unknown cause</u> is to be coded to 787.0* as amended. Paralysis of 2 or more extremities (hemiplegia, paraplegia, etc.), <u>-3 mos, of unknown cause</u>, will be coded to 438, as amended.</p> <p>g. For psychosis and nonpsychotic mental disorders, due to cerebrovascular lesions, code 293.0, 293.1, or 309.3, <u>also</u>, as appropriate.</p> <p>h. Any condition in 430-435, 438 due to an old injury (3 most+) will be coded without reference to the original injury; however, if due to a recent injury (-3 mos), code only to the causative injury.</p>

Con- tent	Not used	New code	Category Title
440			<p>(390-458)--Continued</p> <p>DISEASES OF ARTERIES, ARTERIOLES, AND CAPILLARIES (440-448)</p> <p>ARTERIOSCLEROSIS</p> <p>For HIS, arteriosclerosis (hardening of arteries) with gangrene (445.0) will be coded to 445.0 and will <u>not</u> be combined with other reported conditions; code the 445.0 separately.</p> <p>Arteriosclerosis will <u>not</u> be combined with rheumatic heart disease in 390-398, 399, with heart conditions in 420-423, congenital heart conditions in 746, 747, nor with "pain in heart" (782.0).</p> <p>It <u>will</u> be combined with heart and/or hypertension and/or renal or kidney conditions in 400-404, 412-414, 424, 426-429, 580-584, 593.6.</p> <p>It will combine also with cerebrovascular disease in 430-435, 438, with aortic aneurysm (441), and paralysis agitans (and synonyms) in 342.</p> <p>When there are multiple conditions with which arteriosclerosis <u>could</u> be combined, prefer heart conditions, if present, over others; and if a coronary condition in 412 is reported with arteriosclerosis and others, combine the arteriosclerosis with the coronary condition; but if no such heart conditions are present, and conditions in 430-435, 438 are present with others, combine with 430-435, 438.</p> <p>For arteriosclerosis causing or with codable impairments in X-Code or with a mental condition, code the impairment or mental condition and code arteriosclerosis also as instructed above.</p>
444			<p>ARTERIAL EMBOLISM AND THROMBOSIS</p> <p>For HIS, <u>includes also</u> "clot (blood)" of any <u>artery</u> of the sites in 444.0-444.9. <u>Excludes</u> blood clot of brain (433), heart (412), lung (450). <u>Excludes</u> "clot" of vein, or specified sites when vein or artery is not mentioned; <u>see</u> 453.</p>
445.0			<p>ARTERIOSCLEROTIC GANGRENE</p> <p>For HIS, <u>includes</u> arteriosclerosis with gangrene. If other conditions are also present, code 445.0, and code the other conditions without reference to the arteriosclerosis.</p>

Con- tent	Not used	New code	Category Title
453			(390-458)--Continued
			OTHER DISEASES OF CIRCULATORY SYSTEM (450-458)
			OTHER VENOUS EMBOLISM AND THROMBOSIS For HIS, <u>includes also</u> "clot" NOS (blood) (vein) of leg, arm, or other parts of extremities. <u>Excludes</u> "clot" of brain (433); heart (412); lung (450); intestine or mesentery (444.2); and "clot" in <u>arteries</u> of specified sites. Code clot of specified sites as indexed under "Thrombosis".
		458.3	"POOR CIRCULATION" NOS Combines with arteriosclerosis (440), but no other condition. If there are other conditions reported, with which the arteriosclerosis could be combined, <u>see</u> notes for 440, this Appendix.
458.9			OTHER AND UNSPECIFIED CIRCULATORY DISEASES For HIS, <u>includes</u> "broken veins" (any site); <u>excludes</u> "poor circulation" NOS (458.3) (special code).

Con- tent	Not used	New code	Category Title
			<p>DISEASES OF THE RESPIRATORY SYSTEM (460-519)</p> <p>For HIS, <u>excludes</u> certain symptoms referable to the respiratory system (783.0-783.7); and "Virus" NOS (079.9). <u>See also</u> 079.9.</p> <p>For HIS, any codable <u>acute</u> infection in 460-519 (for example, cold, pneumonia, acute bronchitis) reported with or as due to an <u>acute</u> concurrent infection codable to 000-136 (except 079.9)* will be coded to 000-136, (except 079.9)* only.</p> <p>ACUTE RESPIRATORY INFECTIONS, EXCEPT INFLUENZA (460-466)</p> <p>For HIS, multiple <u>acute upper</u> respiratory infections in 460-464, will be coded to 465, only; and any <u>acute</u> conditions in 460-465 reported with or as due to the following acute conditions, will be combined with the latter, using only the code listed below:</p> <p style="padding-left: 40px;">acute bronchitis and bronchiolitis 466 influenza in 470-474 470-474, by type pneumonia in 480-486 480-486, by type acute otitis media 381.0 earache, acute 384.9</p>
460			<p>ACUTE NASOPHARYNGITIS (COMMON COLD)</p> <p>For HIS, <u>includes</u> cold, -3 mos, NOS, or <u>with</u> diarrhea, NOS, or upset stomach, or other symptoms of the cold, -3 mos; if 3 mos+, code 502.1; 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. <u>Excludes</u> cold -3 mos, with: virus diarrhea (008.9), or intestinal virus (008.9), -3 mos.</p>
461			<p>ACUTE SINUSITIS</p> <p>For HIS, <u>includes also</u> sinus conditions (nasal) of specified or unspecified sites, in 461.0-461.9, if -3 mos.</p>
462			<p>ACUTE PHARYNGITIS</p> <p>For HIS, <u>includes</u> sore, inflamed, or infected throat, unknown cause, -3 mos; if 3 mos+, code 502.0</p>
463			<p>ACUTE TONSILLITIS</p> <p>For HIS, <u>includes</u> adenoids or tonsils "bad," diseased, enlarged, or infected, -3 mos; if 3 mos+, code 500. <u>See also</u> 500, this Appendix.</p>

Content	Not used	New code	Category Title
			(460-519)--Continued
			(460-466)--Continued
465			ACUTE UPPER RESPIRATORY INFECTION OF MULTIPLE OR UNSPECIFIED SITES For HIS, <u>see</u> notes above 460.
466			ACUTE BRONCHITIS AND BRONCHIOLITIS <u>Includes</u> the listed conditions, and "bronchial trouble," onset -3 mos, (with cold -3 mos). <u>See also</u> notes above 460. For bronchitis, with bronchiectasis, or emphysema, <u>see</u> 491, this Appendix.
			PNEUMONIA (480-486) Code pneumonia, by type, as in Vol. 2. For HIS, acute conditions in 460-466, and pleurisy, as in 511, occurring in the <u>same episode of illness</u> with conditions in 480-486 will be coded to 480-486 only, by the type of pneumonia. <u>See also</u> notes above 460.
			BRONCHITIS, EMPHYSEMA, AND ASTHMA (490-493)
490			BRONCHITIS, UNQUALIFIED <u>Excludes</u> bronchitis -3 mos (466); bronchitis 3 mos+ (491); for bronchitis, asthmatic or with asthma, <u>see</u> 491.
491			CHRONIC BRONCHITIS For HIS, <u>excludes also</u> , bronchitis of any onset, described as allergic or due to allergy (493). For bronchitis: described as asthmatic or with asthma, code the bronchitis by onset and code also the asthma (493); reported with bronchiectasis, code 518 only; described as emphysematous or with emphysema, code the bronchitis, and 492 <u>also</u> .
492			EMPHYSEMA For HIS, for emphysema with other respiratory conditions in 460-519, code the other respiratory conditions as instructed by HIS, and code 492 <u>also</u> .

Con- tent	Not used	New code	Category Title
493			<p>(460-519)--Continued</p> <p>(490-493)--Continued</p> <p>ASTHMA: For HIS, <u>includes also</u>: allergy manifested by coughing, breathing difficulty, wheezing, "chest" symptoms; for allergic pneumonia, however, code 519.2 as per ICDA; multiple respiratory allergic symptoms--upper <u>and</u> lower.</p> <p><u>Excludes also</u> allergy manifested by upper respiratory symptoms but without symptoms of asthma: <u>see</u> 507 (hay fever). For asthma (493) with <u>skin allergy also</u>, code 493 and code the skin allergy separately. <u>See also</u> 692, this Appendix.</p> <p><u>Excludes</u> cardiac asthma (427.1) as per ICDA. However, if a heart condition is reported, and asthma NOS or allergic is also reported--with no clear indication that the asthma is due to the heart condition--code the heart condition and code 493 also.</p>
500			<p>OTHER DISEASES OF UPPER RESPIRATORY TRACT (500-508)</p> <p>HYPERTROPHY OF TONSILS AND ADENOIDS For HIS, <u>includes also</u> any condition codable to 463, <u>if 3 mos+</u>; also code to 500 conditions of tonsils (and adenoids) as in 463 <u>or</u> 500 if hospitalization for them is <u>also</u> reported.</p>
502.1			<p>CHRONIC NASOPHARYNGITIS For HIS, <u>includes also</u> ulcer of nose or septum.</p>
507			<p>HAY FEVER <u>Includes also</u> allergy manifested by ear or upper respiratory (nose, sinus, throat) conditions, and symptoms such as sneezing, "nose itches," runny nose. For multiple allergic respiratory manifestations involving <u>also</u> those in 493 (asthma), code 493 only; if <u>skin</u> allergy is indicated, code <u>it</u> separately.</p>
508.0			<p>PARALYSIS OF VOCAL CORDS OF LARYNX For HIS, <u>includes</u> only paralysis of these sites, -3 mos, cause unknown. <u>Excludes</u> paralysis of these sites, 3 mos+ (X69); if speech is affected, code as speech impairment NEC (X11), only.</p>

Con- tent	Not used	New code	Category Title
			(460-519)--Continued
			(500-508)--Continued
508.9			<p>OTHER AND UNSPECIFIED DISEASES OF UPPER RESPIRATORY TRACT For HIS, <u>includes also</u> "congestion, nose" NEC, acute or chronic; and paralysis, pharynx or throat, -3 mos, cause unknown. <u>Excludes</u> paralysis of these sites, 3 mos+ (X69); if speech is affected code as speech impairment NEC (X11), only. <u>Excludes also</u> "throat infection" NEC; code as for Pharyngitis (462); and ulcer of nose or septum--to be coded as for Rhinitis ulcerative, in 502.1.</p>
			OTHER DISEASES OF RESPIRATORY SYSTEM (510-519)
511			<p>PLEURISY For HIS, <u>excludes also</u> pleurisy as in 511 with pneumonia. Code to pneumonia.</p>
518			<p>BRONCHIECTASIS For HIS, for bronchitis of any onset with bronchiectasis also reported, code 518 only. For bronchiectasis with other respiratory conditions in 460-519 <u>except</u> bronchitis, code 518 and also the other respiratory condition(s), as instructed by HIS.</p>
519.1			<p>ACUTE EDEMA OF LUNG For HIS, <u>includes</u> edema (fluid) or dropsy of lung, -3 mos; if 3 mos+, code to 514. <u>Excludes</u> "congestion," chest NEC, acute or chronic (514).</p>
519.9			<p>OTHER For HIS, includes also "infection," chest NEC, acute or chronic.</p>

Content	Not used	New code	Category Title
			DISEASES OF THE DIGESTIVE SYSTEM (520-577) <u>See also</u> symptom categories 784, 785.
			DISEASES OF ORAL CAVITY, SALIVARY GLANDS, AND JAWS (520-529) For HIS, <u>see</u> X92 (other dentofacial handicap) for types of tooth (teeth) conditions to be coded as impairments, any onset.
	520.0		ANODONTIA
	520.1		SUPERNUMERARY TEETH
	520.2		ABNORMALITIES OF SIZE AND FORM
	520.5		HEREDITARY DISTURBANCES IN TOOTH STRUCTURE NEC
	521.6		ANKYLOSIS, DENTAL
523.0			ACUTE GINGIVITIS For HIS, <u>includes also</u> infection, gum -3 mos.
523.1			CHRONIC GINGIVITIS For HIS, <u>includes also</u> infection, gum, 3 mos+, and ulcer, gum.
523.9			OTHER AND UNSPECIFIED PERIODONTAL DISEASES For HIS, <u>excludes</u> ulcer, gum (523.1)
	524		DENTO-FACIAL ANOMALIES INCLUDING MALOCCLUSION
525.0			ACQUIRED ABSENCE OF TEETH To be used by HIS only for absence or loss of tooth (teeth), or broken tooth (teeth), when -3 mos, and <u>not</u> congenital, <u>nor</u> due to injury -3 mos.
		525.8	TOOTHACHE, CAUSE UNKNOWN (Special code for HIS.)
525.9			OTHER AND UNSPECIFIED For HIS, <u>excludes</u> toothache, cause unknown (525.8).
526.9			OTHER AND UNSPECIFIED DISEASES OF JAWS For HIS, <u>excludes</u> : pain in jaw, -3 mos (787.7); 3 mos+ (X92).

Con- tent	Not used	New code	Category Title
			(520-577)--Continued
			DISEASES OF ESOPHAGUS, STOMACH, AND DUODENUM (530-537)
530.0			FUNCTIONAL DISORDERS OF ESOPHAGUS For HIS, <u>includes also</u> difficulty in swallowing (dysphagia).
536.9			OTHER DISORDERS OF FUNCTION OF STOMACH For HIS, <u>includes also</u> conditions in 784.0, 784.1, 784.3, 784.7, and flatulence (gas) on stomach. <u>Excludes</u> pain in stomach (785.5); and overeating (278.9). <u>Excludes also</u> "morning sickness," vomiting, in pregnancy (634.Y) unless indicated to be serious, persistent, pernicious--in which case code to 638.9.
537.0			PYLORIC STENOSIS, ACQUIRED For HIS, <u>includes also</u> pylorospasm, except infantile or congenital (750.1).
		537.1	STOMACH TROUBLE OR DISEASE NOS (Special code for HIS.)
537.9			OTHER AND UNSPECIFIED DISEASES OF STOMACH AND DUODENUM For HIS, <u>excludes</u> disease, stomach NOS (537.1). HERNIA OF ABDOMINAL CAVITY (550-553) Hernia will be coded by site as per ICDA, if the site is mentioned. For HIS, <u>excludes</u> hernia, -3 mos, due to "one time" injury NEC, heavy lifting, or strain (848). <u>See</u> 848. Hernia, 3 mos+, due to injury, will be coded to 550-553 without reference to traumatic origin. DISEASES OF INTESTINE AND PERITONEUM (560-569) For adhesions, postoperative, and malfunctioning colostomies <u>see</u> 998.7 and 998.9, this Appendix. Paralysis (partial) of intestines or any part of digestive tract, 3 mos+, will be treated as an impairment in the X-Code.
564.9			OTHER FUNCTIONAL DISORDERS OF INTESTINES For HIS, <u>includes also</u> gas (intestinal), flatulence (intestinal).

Con- tent	Not used	New code	Category Title
			(520-577)--Continued
			(560-569)--Continued
		569.5	INTESTINAL OR BOWEL TROUBLE OR DISEASE NOS (Special code for HIS)
569.9			OTHER DISEASES OF INTESTINES AND PERITONEUM For HIS, <u>excludes</u> unspecified disease, intestines or bowel (569.5); and pain in intestine or rectum (785.5).
			DISEASES OF LIVER, GALLBLADDER, AND PANCREAS (570-577)
573.0			HEPATITIS, NOS For HIS, <u>includes</u> hepatitis, unspecified type or cause, whether -3 mos. or 3 mos+. Hepatitis must be described as "acute," "chronic," or "infectious," or by other specified modifiers listed in Vol. 2, in order to be coded to the various kinds of hepatitis.
		573.1	LIVER TROUBLE OR DISEASE NOS (Special code for HIS)
573.9			OTHER AND UNSPECIFIED DISEASES OF LIVER For HIS, <u>excludes also</u> liver trouble or disease NOS (573.1).
		576.2	GALLBLADDER TROUBLE OR DISEASE NOS (Special code for HIS)
576.9			OTHER AND UNSPECIFIED DISEASE OF GALLBLADDER AND BILIARY DUCTS For HIS, <u>excludes</u> gallbladder trouble or disease NOS (576.2).

Con- tent	Not used	New code	Category Title
			<p>DISEASES OF THE GENITOURINARY SYSTEM (580-629) <u>Excludes</u>: certain symptoms of unknown cause referable to the genitourinary system (786.0-786.7); albuminuria, and other abnormal urine of unspecified cause (789.0-789.9); and uremia (792).</p> <p>NEPHRITIS AND NEPHROSIS (580-584) <u>Note</u>: If hypertension, <u>malignant</u>, is reported with any in 580-584, code as per ICDA. For "kidney" disease or trouble NOS, <u>see</u> special code 593.6.</p>
580			<p>ACUTE NEPHRITIS For HIS, <u>includes</u> the listed conditions, -3 mos. <u>Excludes</u> these if arteriosclerosis <u>or</u> hypertension is also mentioned (403). <u>See also</u> 403.</p>
581			<p>NEPHROTIC SYNDROME For HIS, <u>includes also</u> the listed conditions, regardless of onset, and any form of nephritis with edema or dropsy. <u>Excludes</u> any in 581 if arteriosclerosis <u>or</u> hypertension is <u>also</u> mentioned (403). <u>See also</u> 403.</p>
582			<p>CHRONIC NEPHRITIS For HIS, <u>includes also</u> the listed conditions, 3 mos+. <u>Excludes</u> any of these if arteriosclerosis <u>or</u> hypertension is <u>also</u> mentioned. <u>See also</u> 403.</p>
583			<p>NEPHRITIS, UNQUALIFIED For HIS, this category will seldom if ever be used since the date of onset is almost always known.</p>
584			<p>RENAL SCLEROSIS Code as per ICDA.</p>
			<p>OTHER DISEASES OF URINARY SYSTEM (590-599); DISEASES OF MALE AND FEMALE GENITAL ORGANS (600-629)</p>
593.2			<p>OTHER RENAL DISEASE For HIS, the terms "renal disease NOS" and "renal failure NOS" with the code 593.2 will seldom if ever be used, since the date of onset is almost always known. If onset is known, code as for Nephritis, as amended.</p>

Content	Not used	New code	Category Title
			(580-629)--Continued
			(590-629)--Continued
		593.6	KIDNEY DISEASE (ACUTE) (CHRONIC) <u>Includes</u> only "kidney" disease or trouble, of any onset, when cause or type is not known. If "failure" or a more specific type of kidney condition is mentioned, code it as reported-- <u>not</u> 593.6. If hypertension <u>or</u> arteriosclerosis is <u>also</u> mentioned, code "kidney" disease or trouble as for Nephritis with hypertension and/or arteriosclerosis, as amended.
596.3			PARALYSIS OF BLADDER For HIS, <u>includes</u> paralysis, bladder, unknown cause, -3 mos. If -3 mos, with known cause, code cause only. <u>Excludes</u> paralysis, 3 mos+ (see X-Code).
611.0			ACUTE MASTITIS NOT ASSOCIATED WITH LACTATION For HIS, code disorders of breast ("caked" breast) (sore breast) occurring <u>during</u> the nursing period to 678, whether -3 mos. or 3 mos+.
611.9			OTHER DISEASES OF BREAST For HIS, <u>excludes</u> absence of breast (X38) and absence, nipple (congenital) (X38.X).
627			MENOPAUSAL SYMPTOMS For HIS, <u>includes</u> nonpsychotic nervous or mental conditions due to menopause; code 627 only. <u>Excludes</u> menopause causing psychosis as in 296.0, 297.1, 299; in such cases, code the psychosis only.
		629.Y	FEMALE TROUBLE NOS For vaginal bleeding, code 629.5, as per ICDA.
629.9			OTHER DISEASES OF FEMALE GENITAL ORGANS For HIS, <u>excludes</u> "female trouble" NOS (629.Y).

Content	Not used	New code	Category Title
			<p data-bbox="558 321 1484 385">DELIVERIES AND COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM (630-678)</p> <p data-bbox="558 421 781 453"><u>Notes for HIS:</u></p> <ol data-bbox="558 485 1503 1689" style="list-style-type: none"> 1. These notes pertain only to conditions of the mother. For conditions of the infant, <u>see</u> 760-778, this Appendix. 2. ICDA 4th digits for complications of pregnancy, childbirth and the puerperium will be used, if reported. 3. Any hospitalization in past 2 weeks should have entries in the condition page also. The diagnosis code for each may be the same, or it may differ. 4. For the condition page diagnosis, <u>one</u>, only, of the codes in 630-678 will be used. If a delivery (650-662) <u>or</u> an abortion (640-645) took place in this episode, the appropriate single code in 650-662 <u>or</u> in 640-645 will be applied. If there was <u>in addition</u> a complication of pregnancy or the puerperium in 630-639 or 670-678, only the <u>delivery or abortion</u> will be coded. If no delivery or abortion is indicated, but there is some "complication," the appropriate code in 630-639 <u>or</u> in 670-678 will be applied. 5. In rare cases when the woman delivered or aborted in past 2 weeks <u>before admission</u> to the hospital, but was subsequently admitted to the hospital, the diagnosis code for the condition page should reflect this delivery or abortion. The diagnosis code for the hospital page, however, will be determined according to the reported data. If no abnormal postpartal or other condition developed, code this admission to 793.8 (Observation). If some abnormal condition was reported, code <u>it</u>. 6. For conditions "due to pregnancy," without clear information about whether this is a current pregnancy or a previous pregnancy, code the condition as for the nonpregnant state.

Content	Not used	New code	Category Title
			(630-678)--Continued
		634.Y	MINOR COMPLAINTS DURING PREGNANCY This special code for HIS <u>includes</u> pressure pains, minor neuritis, headaches, backaches, frequent urination, nausea, vomiting, "morning sickness," during pregnancy, unless said to be serious or disabling (638).
638.9			HYPEREMESIS GRAVIDARUM WITHOUT MENTION OF NEURITIS For HIS, <u>excludes</u> nausea and vomiting, "morning sickness," during pregnancy unless said to be serious or disabling; thus, ordinary nausea and vomiting (or synonyms) with or without pressure pains or neuritis, will be coded to 634.Y.
639.9			OTHER TOXEMIAS OF PREGNANCY AND THE PUERPERIUM For HIS, <u>excludes</u> ordinary pressure pains or neuritis during pregnancy (634.Y).
661.1			DELIVERY WITH PRECIPITATE LABOR For HIS, this category may be used for the condition page whether the patient was delivered in the hospital or not. For the hospital page diagnosis, it will be used only when the patient was delivered <u>in the hospital</u> . For cases in which the infant was born <u>before</u> admission to the hospital, <u>see</u> Note 5, above.
661.2			DELIVERY COMPLICATED BY PREVIOUS CESAREAN SECTION For HIS, <u>excludes</u> current delivery with no mention of a "complication" of any kind but nevertheless a cesarean was done; <u>see</u> special code 661.4.
		661.4	DELIVERY BY CESAREAN (SECTION) WITHOUT MENTION OF "COMPLICATION" FOR WHICH IT WAS DONE (Special code for HIS)
		662	ANESTHETIC DEATH IN UNCOMPLICATED DELIVERY
		677.0	SUDDEN DEATH FROM UNKNOWN CAUSE IN THE PUERPERIUM
		677.8	MINOR COMPLAINTS DURING PUERPERIUM (Special code for HIS)
678			MASTITIS AND OTHER DISORDERS OF LACTATION For HIS, <u>includes</u> these conditions occurring during any part of the nursing period.

Content	Not used	New code	Category Title
			DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE (680-709) <u>Excludes</u> rash NOS (788.2) and "knots," "lumps," "bumps" (798).
680.0			INFECTIONS OF SKIN AND SUBCUTANEOUS TISSUE (680-686) BOIL AND CARBUNCLE OF FACE For HIS, <u>excludes</u> boil (and synonyms) of ear (380).
683			ACUTE LYMPHADENITIS For HIS, <u>includes</u> also infection or inflammation of glands NOS, (lymph), (-3 mos); if 3 mos+, code 289.1.
691			OTHER INFLAMMATORY CONDITIONS OF SKIN AND SUBCUTANEOUS TISSUE (690-698); OTHER DISEASES OF SKIN, ETC. (700-709) INFANTILE ECZEMA AND RELATED CONDITIONS For HIS, eczema and dermatitis (allergic or not) must be described as "infantile," or "atopic," etc., as worded by ICDA in 691, in order to be coded to 691. When 691 is applicable, for HIS the age of the person and the cause of the skin condition can be ignored.
692			OTHER ECZEMA AND DERMATITIS For HIS, <u>includes also</u> any skin allergy not codable to 691, due to <u>food</u> (692.5) or due to substances <u>applied to or in contact with skin</u> as in 692.0-692.4, 692.6-692.9. It <u>includes</u> hives (urticaria), allergic or not, due to these causes. <u>See also</u> 708 (Urticaria), this Appendix. For HIS, if "nerves" is <u>also</u> a factor with skin allergy in 692, ignore "nerves." As per ICDA, it <u>excludes</u> abnormal skin or other conditions, allergic or not, due to drugs and other chemicals when <u>ingested (swallowed)</u> . (<u>See also</u> notes above 960, Vol. 1). Thus adverse effects (any), or poisoning, by drugs or other chemicals when taken <u>internally</u> will be coded by the substance specified in terms of the code shown in the <u>first</u> column of codes in the Table of Adverse Effects, Section III, of Vol. 2. This applies regardless of <u>how</u> the substance was encountered--whether during medical care, or by accident, or whatever. (For HIS, the E-codes shown in the table will not be used.)

Content	Not used	New code	Category Title
			(680-709)--Continued
			(690-709)--Continued; 692--Continued
692.5			DUE TO FOOD <u>Includes</u> allergy to food, with unspecified reaction or with skin reaction. <u>Excludes</u> allergy to food with gastrointestinal symptoms (561).
692.9			DUE TO OTHER AND UNSPECIFIED CAUSE For HIS, <u>includes</u> multiple allergies of the types and causes included in 692.0-692.8. For multiple allergies involving skin and also respiratory system, code the skin allergy and code the respiratory allergy separately. For multiple allergies involving skin and also some other non-respiratory site, code the skin allergy only.
698			PRURITUS AND RELATED CONDITIONS For HIS, <u>includes</u> "itching" with dry skin; <u>excludes</u> itching (with dry skin) if any other skin condition is mentioned.
		701.4	DRY SKIN, NOS Omit dry skin if any other skin condition is mentioned.
707			CHRONIC ULCER OF SKIN 707.9 <u>includes</u> ulcer NOS, as per ICDA, but if the questionnaire indicates that stomach or duodenal ulcer is meant, code as for ulcer of <u>those</u> sites. 707.1 <u>includes</u> also "open leg," and "open" or "running" sores of leg, onset 3 mos+; if these are -3 mos, code as for Infection.
		708	URTICARIA For HIS purposes, codes 708.0, 708.9, will not be used. Conditions included in these categories, allergic or not, will be coded as for Dermatitis (allergic), according to notes in Vol. 1 and as amended for HIS, as shown in 692, this Appendix.
709			OTHER DISEASES OF SKIN
		709.0	CICATRIX Code keloid scar, any site, to 701.3, as per ICDA. Code scar (disfiguring) of face, nose, lips, ears to X90. Code scar (painful) (tender) (contracting) of limbs, neck, back, external sites of trunk, or scar NOS of these sites, to X80-X89, by site.
709.9			OTHER DISEASES OF SKIN For HIS, <u>includes</u> also spots NOS on skin, and discolored patches NOS on skin.

Con- tent	Not used	New code	Category Title
715		715.0 715.1 715.2	<p>DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE (710-738)</p> <p>ARTHRITIS AND RHEUMATISM EXCEPT RHEUMATIC FEVER (710-718)</p> <ol style="list-style-type: none"> 1. For HIS, any form of arthritis or rheumatism said to be due to injury in past 3 months will be coded to the injury codes only. Arthritis or others in 710-718, 3 mos+, due to injury will be coded to the disease codes only, in 710-718. Arthritis, any type, 3 mos+ and due to injury will be coded to 714.0. 2. Except as in 1, above, the date of onset of arthritis will not affect the code number. 3. For HIS, all categories of arthritis in 710-714.9 will be used if reported. The diagnostic code to be used will be based on the <u>words</u> used by the respondent to describe his condition and will <u>not</u> be affected by data about degree of limitation, dependence on special aids, etc. The reply "crippling," or "not crippling" will not change the code number if any specified type in 710-714.9 is mentioned; however, if the arthritis is codable to ICDA 715, <u>that</u> code with special 4th digits will be used by HIS. <u>See</u> 715, below. 4. Arthritis with pain, ordinary stiffness, swelling, will not be given an impairment code in addition. However, if the person <u>reports</u> a specific deformity of some kind in one or more parts of body, the appropriate code in X80-X89 will be added to the arthritis code. 5. Lupus (erythematosus), scleroderma, and other "arthritis-like" conditions will be coded, if reported, as per ICDA. <p>ARTHRITIS, UNSPECIFIED</p> <p>For HIS, the following 4th digits will be used:</p> <p>Arthritis NEC, stated to be "crippling"</p> <p>Arthritis NEC, stated to be "not crippling"</p> <p>Arthritis NEC</p>

Content	Not used	New code	Category Title
			(710-738)--Continued
			(710-718)--Continued
717.0			<p>LUMBAGO</p> <p><u>Includes</u> only the term "lumbago," so stated. For HIS, lumbago will be coded as "chronic" only when 3 mos+; if onset is in past 3 mos., it will be coded as "acute."</p>
	717.2		<p>TORTICOLLIS NOT SPECIFIED AS CONGENITAL, PSYCHOGENIC, OR TRAUMATIC</p> <p>For HIS, code torticollis (contracture, neck), 3 mos+, to X86; code "stiff neck," -3 mos. to 728.0; if 3 mos+, code to X71. <u>See also</u> 728, this Appendix.</p>
717.9			<p>OTHER MUSCULAR RHEUMATISM, FIBROSITIS, AND MYALGIA</p> <p>For HIS, <u>includes</u> the terms listed by ICDA, except myalgia. The terms <u>muscular rheumatism</u> and <u>rheumatism NOS</u> are to be coded chronic, regardless of the date of onset, but the terms <u>fibrositis</u>, <u>myositis</u>, <u>myofibrosis</u>, are to be coded according to date of onset.</p> <p><u>Excludes</u> myalgia (pain in muscle)--to be coded, by site, to 787 or 728, if -3 mos; if 3 mos+, and of unknown cause or due to old injury, code to X70-X79 by site.</p>
			OSTEOMYELITIS AND OTHER DISEASES OF BONE AND JOINT (720-729)
720.2			<p>UNSPECIFIED OSTEOMYELITIS</p> <p>For HIS, this code will never be used <u>except</u> when the date of onset is unknown.</p>
	724		<p>INTERNAL DERANGEMENT OF JOINT</p> <p>For HIS, code current dislocations, sprains, of joint to the correct code in 830-848. Code chronic residuals and conditions in 724 to X70-X79 by site, unless a more specific defect is specified.</p>
725			<p>DISPLACEMENT OF INTERVERTEBRAL DJSC</p> <p>For HIS, <u>includes</u> also all "disc" conditions at any onset of <u>unspecified</u> origin. If the "disc" condition is due to an injury 3 mos+, code the "disc" condition to 725.0-725.9 without reference to injury. If the "disc" condition is due to a current injury (-3 mos.), code to 839. <u>See</u> 839, this Appendix.</p>

Content	Not used	New code	Category Title
			(710-738)--Continued
			(720-729)--Continued
	726		AFFECTION OF SACROILIAC JOINT For HIS, code the listed conditions (old) to X70.
	727		ANKYLOSIS OF JOINT For HIS, code to X70-X79, by site.
728			<p>VERTEBROGENIC PAIN SYNDROME For HIS, categories 728.0, 728.1, 728.2, 728.5, 728.7, and 728.9 will <u>include</u> "pain" or "pain syndrome," or "stiffness," "spasm," "trouble," in sites of back, neck, vertebrae, or spine--of unknown cause, <u>with onset in past 3 months</u>. For ill-defined terms of this kind, 3 mos+, <u>see</u> X70-X79 of the X-Code and the rules for coding Special Impairments.</p> <p>However, terms such as "radiculitis," "radicular syndrome," or those indicating spinal nerve <u>root involvement</u> (with or without mention of pain), <u>of unknown cause</u>, are coded here (as per ICDA)--and are never classified to the X-Code. Radiculitis (and synonyms) due to old injuries are coded to 728 by site, ignoring traumatic origin.</p> <p>Radiculitis and anything else in 728 due to current injury or present active <u>disease</u> will be coded to the cause only--not 728. For polyradiculitis, <u>see</u> 354, this Appendix.</p>
729			<p>OTHER DISEASES OF JOINT For HIS, <u>excludes</u> chronic instability, ("joint slips out"), dislocation, "locking" or fusion and contracture with resulting deformity 3 mos+; code to the X-Code by type and site. If these are <u>not</u> deformities, but of the types in X70-X79, <u>and</u> are due to some specified (chronic) disease, code the latter only--not X70-X79.</p>

Content	Not used	New code	Category Title
			(710-738)--Continued
			OTHER DISEASES OF THE MUSCULOSKELETAL SYSTEM (730-738)
731			<p>SYNOVITIS, BURSITIS, AND TENOSYNOVITIS</p> <p><u>Includes</u> the listed conditions with or without mention of occupational origin.</p>
733			<p>OTHER DISEASES OF MUSCLES, TENDON AND FASCIA</p> <p>For HIS, <u>excludes</u> atrophy, and Dupuytren's (733.5) and other contractures, of limb, back, trunk (and muscles and tendons thereof) which are coded to X80-X89, by site and type.</p> <p>NOTE: Muscular dystrophy, and other chronic progressive diseases, are coded as per ICDA.</p>
	733.1		<p>MUSCULAR ATROPHY (IDIOPATHIC)</p> <p>For HIS, code the listed condition to X80-X89, by site.</p>
	733.4		<p>SHORT ACHILLES TENDON</p> <p>For HIS, code to X84.</p>
	733.5		<p>CONTRACTURE OF PALMAR FASCIA</p> <p>For HIS, code to X88.</p>
733.9			<p>OTHER AND UNSPECIFIED DISEASES OF MUSCLE, TENDON, AND FASCIA</p> <p>For HIS, <u>excludes</u>: contracture, tendon, to be coded as for Deformity, by site; and laxity, ligament, to be coded as for ORTH IMP, by site.</p>
	735		<p>CURVATURE OF SPINE</p> <p>For HIS, code to X80, whether congenital or not. If heart disease of any type is also present, code the heart disease also.</p>
	736		<p>FLATFOOT</p> <p>For HIS, code to X82.</p>
	737		<p>HALLUX VALGUS AND VARUS</p> <p>For HIS, code to X84.</p>
	738		<p>OTHER DEFORMITIES</p> <p>For HIS, none of the codes in this category will be used. Code to the X-Code, by type, site, and cause.</p>

Con- tent	Not used	New code	Category Title
			<p>CONGENITAL ANOMALIES (740-759)</p> <p><u>Notes for HIS:</u></p> <ol style="list-style-type: none"> 1. <u>Excludes</u> the following which, if congenital, will be classified to the X-Code with "X" in the 4th digit (signifying congenital origin or birth injury): absence of extremities, eyes, ears, nose, jaws, teeth, larynx, lung, kidney, breast defects of vision, hearing, speech, sensation, intelligence structural defects and deformities of the skull, ear, face, nose, neck, spine, extremities, bones, joints, muscle, tendons. 2. Congenital <u>diseases</u> of the <u>eye</u> and <u>ear</u> will be coded to the categories for acquired conditions of the same nature in 370-378, 387, to facilitate the count of disorders of eye and ear. 3. Congenital anomalies incompatible with life or having caused death are not counted by HIS. 4. Congenital anomalies of internal organs (except congenital absence of larynx, lung and kidney), and other congenital anomalies <u>not</u> classifiable to the X-Code, will be coded as per ICDA. 5. 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 <u>at</u> birth, the etiologic code ".Y" (other) will be used. "Since birth" can be taken to mean congenital origin for conditions that are generally or always congenital.
		740	ANENCEPHALUS
		741	SPINA BIFIDA. Code to X81.X.
		742	CONGENITAL HYDROCEPHALUS. Code to X93.X.
		743.0	ENCEPHALOCELE. Code to X93.X.
		743.1	MICROCEPHALUS. Code to X93.X.

Con- tent	Not used	New code	Category Title
			(740-759)--Continued
	744		<p>CONGENITAL ANOMALIES OF EYE</p> <p>For HIS, all conditions in 744.0-744.9 will be coded to their counterparts among <u>acquired</u> diseases of the eye in 370-378 and/or Visual Impairments in X00-X03, X05. For example, congenital absence of eye (744.0) will be coded as for acquired absence of eye (in the X-Code) except that the etiology code must be selected as instructed; congenital glaucoma will be coded as for acquired glaucoma in 375; congenital cataract, as for other cataract in 374, etc.</p> <p><u>See also</u> categories 370-378, this Appendix, and special rules for coding Visual Impairments and eye diseases in the Medical Coding Manual.</p>
	745.0- 745.3		<p>CONGENITAL ANOMALIES OF EAR</p> <p>For HIS, all conditions in 745.0-745.3 will be coded to 387.9 and/or the X-Code. <u>See also</u> 387.9, this Appendix, and the Medical Coding Manual, Hearing Impairments.</p>
	745.5		WEBBING OF NECK. Code to X86.X.
	745.8		OTHER SPECIFIED ANOMALIES OF FACE AND NECK
	745.9		<p>UNSPECIFIED ANOMALIES OF FACE AND NECK</p> <p>Code anomalies of face in 745.8, 745.9 to X90.X. Code anomalies of neck in 745.8, 745.9 to X86.X.</p>
748.1			<p>OTHER ANOMALIES OF NOSE</p> <p>For HIS, <u>excludes</u> congenital absense or other congenital disfiguring defects of nose structure (X90.X).</p>
748.3			<p>OTHER ANOMALIES OF LARYNX, TRACHEA, AND BRONCHUS</p> <p>For HIS, <u>excludes</u> congenital absence of larynx (X11.X).</p>
	748.5		AGENESIS OF LUNG. Code to X36.X.
	749		CLEFT PALATE AND CLEFT LIP. Code to X91.X.
	750.0		ANOMALIES OF TONGUE. Code to X11.X.
750.1			<p>PYLORIC STENOSIS</p> <p>For HIS, <u>excludes</u> pylorospasm NOS or acquired (537.0).</p>
	753.0		RENAL AGENESIS. Code to X37.X.
	754		CLUBFOOT (CONGENITAL). Code to X83.X.
	755		<p>OTHER CONGENITAL ANOMALIES OF LIMBS</p> <p>Code to X-Code by type and site.</p>

Content	Not used	New code	Category Title
			(740-759)--Continued
	756.0- 756.4		OTHER CONGENITAL ANOMALIES OF MUSCULOSKELETAL SYSTEM. Code to X-Code by type and site.
756.8			OTHER SPECIFIED ANOMALIES OF MUSCLE, TENDON, AND FACIA For HIS, <u>excludes</u> congenital absence of muscle, or tendon. <u>See</u> X39. <u>Excludes also</u> congenital shortening, tendon; code to X84-X89, by site.
756.9			UNSPECIFIED ANOMALIES OF MUSCULOSKELETAL SYSTEM For HIS, any that are structural deformities will be coded to X-Code by site and type.
757.2			OTHER SPECIFIED ANOMALIES OF SKIN For HIS, <u>excludes</u> absence of nipple (congenital) (X38.X) and congenital absence of breast (X38.X).
	758.9		UNSPECIFIED CONGENITAL ANOMALY. Code to X99.X.
	759.3		DOWN'S DISEASE. Code to X15.X.
	759.9		MULTIPLE CONGENITAL ANOMALIES, UNSPECIFIED. Code to X99.X.

Con- tent	Not used	New code	Category Title
			<p data-bbox="607 357 1417 421">CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY (760-779)</p> <p data-bbox="640 453 863 485"><u>Notes for HIS:</u></p> <ol data-bbox="640 517 1549 1874" style="list-style-type: none"> <li data-bbox="640 517 1549 676">1. Births of well babies, with or without routine circumcision, and infants born dead, or who died before the interview, are not coded or counted in any way. Such reports, if included, are to be deleted from the questionnaire. <li data-bbox="640 708 1549 836">2. <u>See also</u> introduction to Vol. 1, page XXVII. For HIS categories in ICDA 760-779 which relate only to perinatal mortality (deaths) or to stillbirths, will not be applicable. <li data-bbox="640 868 1549 963">3. Categories Y20-Y29 (Classification of Liveborn Infants According to Type of Birth) will not be used by HIS. <li data-bbox="640 995 1549 1325">4. Living infants (or persons of any age) having been injured at birth, or affected before birth, to the extent that they are deformed or paralyzed or otherwise "impaired," will be classified to the X-Code with "X" in the 4th digit (signifying congenital origin or birth injury). If the cause of such impairment is some disease in the <u>mother</u>, or difficult labor as, for example, in 760-770, 772, this cause will <u>not</u> be coded <u>in addition</u> to the X-Code number. <li data-bbox="640 1357 1549 1485">5. Living infants, <u>not "impaired,"</u> who are sick or under care due to some condition in the mother or to difficult labor, or to any specified codable cause, will be classified as per ICDA. <li data-bbox="640 1517 1549 1644">6. If an infant stays in the hospital after the mother goes home, and no reason is stated or indicated, the code 778.9 (disease, infancy, early NEC) will be used. <li data-bbox="640 1676 1549 1874">7. In relatively rare cases in which an infant's illness may be known to be due to disease in the <u>mother</u> as in 760-763, for example, chronic nephritis, or diabetes, but this disease is not listed among the mother's conditions on the <u>condition page</u>, do not create a condition card for the mother.

Content	Not used	New code	Category Title
			(760-779)--Continued
	769.5		MATERNAL DEATH UNSPECIFIED
	773		TERMINATION OF PREGNANCY For HIS, termination of pregnancy constituting an abortion, will be classified only as abortion (for the mother).
	779		FETAL DEATH OF UNKNOWN CAUSE

Con- tent	Not used	New code	Category Title
			<p>SYMPTOMS AND ILL-DEFINED CONDITIONS (780-796, 797, 798) As formerly, a considerable number of changes have been made in this section for HIS purposes. Some of these changes are necessary because defects and disturbances, 3 mos+, affecting speech, vision, hearing, sensation, locomotion 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 ICDA within 000-778, those in ICDA 780-796 have been moved into the main body of the Classification. Many of the terms affected by these changes will be found in the Short Index.</p>
			<p>CERTAIN SYMPTOMS REFERABLE TO NERVOUS SYSTEM AND SENSE ORGANS (780, 781)</p>
780.2			<p>CONVULSIONS, -3 mos. For HIS, code chronic or repeated convulsions, seizures, fits, 3 mos+, to 345.9. <u>See also</u> 345.</p>
780.3			<p>ABNORMAL INVOLUNTARY MOVEMENT For HIS purposes, this category will be used only for spasm, jerking (myoclonus), twitching, tremor, trembling, involving muscles, but with part of body and cause <u>not</u> known. It <u>excludes</u>: <ol style="list-style-type: none"> (1) any abnormality of face described as "Bell's" which if -3 mos. is 350, and 3 mos+ is X60; (2) athetosis NOS, and spasm, twitching, cramping, jerking, tremor, trembling, <u>involving limbs</u>, back, trunk, NEC: to be coded as for "Trouble" of those sites in Short Index; (3) "habit" spasm (any site) (306.2); (4) spasm NEC: eyelid (306.2); face or facial (351); of pylorus (537.0); of tongue (529.9); (5) tic (any site) (due to nerves) (306.2) <p>For <u>coordination</u> difficulties, <u>see</u> 780.4. For palsy of any site or type, <u>see</u> Short Index under Palsy, or Paralysis, Partial. The term "spastic" of unspecified site or involving limbs, back, trunk, is coded as for Palsy. For spasm, and spastic, of sites not in Short Index, see Vol. 2, under <u>Spasm</u>. 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 <u>it</u>.</p> </p>

Content	Not used	New code	Category Title
			(780-796, 797, 798)--Continued
			(780; 781)--Continued
780.4			DISTURBANCE OF COORDINATION, -3 MOS. For HIS, code ataxia (muscular incoordination), 3 most+, to Partial Paralysis in the X-Code. <u>Excludes</u> disturbance or loss of sense of equilibrium or balance, NOS, or in relation to ability to move about. <u>See</u> category 781.6.
780.5			VERTIGO For HIS, <u>excludes</u> loss of equilibrium or balance (781.6).
	780.6		DISTURBANCE OF SLEEP For HIS, use 306.4 for sleep disorders.
780.7			DISTURBANCE OF MEMORY <u>Includes also</u> : forgetfulness; "can't remember well." If due to old age, or cerebral arteriosclerosis, code to these causes, and do not code 780.7 in addition. If reported as the present effect of a stroke, 3 most+, without mention of cerebral arteriosclerosis, code 780.7 and 438.9. <u>See also</u> 430-435, 438, this Appendix.
	781.0		DISTURBANCE OF VISION EXCEPT DEFECTIVE SIGHT For HIS, code "blind spots," "half vision," etc., to 378, if -3 mos; if 3 most+, code to the X-Code by the degree of vision loss reported; if not stated specifically, code X05. Code disturbance of optic nerve NEC to 377.
	781.1		OCULOMOTOR DISTURBANCE For HIS, code these to 373.
	781.2		PHOTOPHOBIA For HIS, code to 378.
	781.3		DISTURBANCE OF HEARING EXCEPT DEAFNESS For HIS, code to 387.9, if -3 mos. If 3 most+, code to the X-Code by degree of hearing loss reported. <u>See also</u> 387, this Appendix.
	781.4		DISTURBANCE OF CRANIAL NERVES EXCEPT OPTIC, OCULOMOTOR, AND AUDITORY For HIS, code the listed <u>inclusions</u> to 356. Code paralysis of facial nerve (7th), -3 mos, to 350. 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 356 (Other diseases of cranial nerves). Loss or impairment of sense of taste or smell, 3 most+, is coded to X12. Paralysis, 3 most+, is coded to the X-Code.

Con- tent	Not used	New code	Category Title
			(780-796, 797, 798)--Continued
			(780, 781)--Continued
	781.5		DISTURBANCE OF SPEECH For HIS, code speech defects NEC, -3 mos, to 306.9. If 3 mos+, code to X11.
781.6			OTHER DISTURBANCE OF SENSATION, -3 MOS. For HIS, <u>includes</u> disturbance or loss of sense of equilibrium NOS, of balance NOS, and of sensation NEC (numbness, burning, etc.), -3 mos; <u>excludes</u> them if 3 mos+ (X13). <u>Excludes</u> disturbance or loss of sense of taste or smell, -3 mos. (356), 3 mos+ (X12).
	781.7		ENCEPHALOPATHY. Code to 347.9.
			SYMPTOMS REFERABLE TO CARDIOVASCULAR AND LYMPHATIC SYSTEM (782)
	782.1		PALPITATION. Code to 427.9.
	782.2		TACHYCARDIA. Code to 427.9.
	782.4		ACUTE HEART FAILURE, UNDEFINED. Code the listed inclusions to 429.9.
782.7			ENLARGEMENT OF LYMPH NODE <u>Includes also</u> enlargement, hypertrophy, swelling of gland (lymph) (any onset). <u>See also</u> 683, and 797, this Appendix.
782.9			SHOCK WITHOUT MENTION OF TRAUMA <u>Includes</u> shock NOS. For HIS, if physical shock state is reported with current injury, code the injury only. <u>Excludes:</u> nervous, mental, emotional shock (307); and paralytic shock or stroke (code as for Stroke).
			SYMPTOMS REFERABLE TO RESPIRATORY SYSTEM (783)
783.3			COUGH For HIS, <u>includes</u> nervous or psychogenic cough and cigarette cough.
783.5			CHANGE IN VOICE, -3 MOS. <u>Excludes</u> voice or speech difficulties, 3 mos+. <u>See</u> X-Code, X11.

Con- tent	Not used	New code	Category Title
			(780-796, 797, 798)--Continued
			SYMPTOMS REFERABLE TO GASTROINTESTINAL TRACT AND ABDOMEN (784, 785)
	784.0		ANOREXIA. Code to 536.9.
	784.1		NAUSEA AND VOMITING. Code to 536.9.
	784.2		PYLOROSPASM. Code to 537.0; if infantile (750.1).
	784.3		HEARTBURN. Code to 536.9.
	784.4		DYSPHAGIA. Code to 530.0. If due to "nerves," code to 305.5.
784.6			HICCOUGH. If due to "nerves," code to 305.5.
	784.7		ERUCTATION. Code to 536.9.
785.0			ABDOMINAL SWELLING <u>Includes</u> swelling, swollen, abdomen, stomach, intestines.
	785.4		FLATULENCE. Code gas (pains) NOS to 564.9; in stomach, on stomach, to 536.9.
785.5			ABDOMINAL PAIN <u>Includes</u> pain in abdomen, stomach, intestines.
	785.6		INCONTINENCE OF FECES. Code to 306.7.
			SYMPTOMS REFERABLE TO GENITOURINARY SYSTEM (786)
786.0			PAIN REFERABLE TO URINARY SYSTEM <u>Includes</u> difficulty in urination.
	786.2		INCONTINENCE OF URINE Code to 306.6.

Con- tent	Not used	New code	Category Title
			(780-796, 797, 798)--Continued
			CERTAIN SYMPTOMS REFERABLE TO LIMBS AND JOINTS, -3 MOS. (787) For HIS, <u>see</u> 728, this Appendix, for certain symptoms referable to back, neck, spine, vertabrae, -3 mos. For HIS, categories 787.0-787.7 are to be used for the listed conditions, <u>of unknown cause, with onset in past 3 months</u> . All forms of paralysis, palsy, ataxia, <u>3 mos+</u> , 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, <u>3 mos+</u> , of unknown cause or due to old injury are coded to the X-Code, under X70-X79. Category 787 has been changed and expanded as shown below.
787.0			PARALYSIS OF LIMB, AGES 3 MOS+, ONSET -3 MOS. <u>Excludes</u> paralysis of one limb (arm or leg) in infants under 3 months of age (772.2).
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			DIFFICULTY IN WALKING, -3 MOS.
787.6			ABNORMALITY OF GAIT NEC, -3 MOS. <u>Excludes</u> : ataxia (muscular incoordination) -3 mos. (780.4).
		787.7	PAIN, STIFFNESS, SPASM, TROUBLE NEC (ORTHOPEDIC) OTHER SPECIFIED AND MULTIPLE SITES, -3 MOS. <u>Includes</u> : conditions of this kind, of jaw, rib, "side," trunk; multiple symptoms and troubles in 787, -3 mos; and multiple symptoms involving back, neck or spine, <u>and one or more</u> in 787.

Con- tent	Not used	New code	Category Title
			(780-796, 797, 798)--Continued
			OTHER GENERAL SYMPTOMS (788)
	788.4		LOSS OF WEIGHT <u>See</u> category 269.9, this Appendix.
788.9			OTHER SPECIFIED SYMPTOMS NOT CLASSIFIABLE ELSEWHERE <u>Excludes</u> "low blood sugar" (251).
			ABNORMAL URINARY CONSTITUENTS (789)
789.9			OTHER ABNORMAL URINARY CONSTITUENTS OF UNSPECIFIED CAUSE <u>Includes</u> "cloudy urine," and other descriptions of the urine in regard to its content or color not classifiable to 789.0-789.6. <u>Excludes</u> symptoms relating to retention, frequency, etc., or other disorders of the discharge or secretion of urine (786.1-786.5); and uremia (792).
			SENILITY AND ILL-DEFINED DISEASES (790-796, 797, 798)
	790.0		NERVOUSNESS <u>See</u> special code 319.
790.1			DEBILITY AND UNDUE FATIGUE For HIS, <u>includes also</u> overtired, overworked, overexertion, worn-out, rundown, weakness, of unknown cause or type. <u>Excludes</u> these if codable to senility (794) or if due to "nerves" (300.5). <u>See also</u> 300.5, 319 and 794, this Appendix.
	790.2		DEPRESSION Code depression NOS, any onset, to 319. Code depression due to old age, 65+, to 309.6. For other types and causes, <u>see</u> Vol. 2.
791			HEADACHE <u>Excludes also</u> "nervous headache" or headache due to nerves (306.8).
792			UREMIA For HIS, <u>excludes also</u> uremia with mention of nonmalignant hypertension (403).

Content	Not used	New code	Category Title
			(780-796, 797, 798)--Continued
			(790-796, 797, 798)--Continued
794			<p>SENILITY WITHOUT MENTION OF PSYCHOSIS For HIS, <u>includes</u> "old age" in persons 65+ with such symptoms as weakness, trembling, or loss of memory. <u>Excludes:</u> non-psychotic mental or nervous disorders or trouble or depression due to old age or senility (309.6); and all conditions of heart, stomach, and other organs and parts of the body due to "old age"; code these to the specified condition 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.</p>
	795		<p>SUDDEN DEATH (CAUSE UNKNOWN) Not used except in coding deaths.</p> <p>OTHER ILL-DEFINED AND UNKNOWN CAUSES OF MORBIDITY AND MORTALITY (796, 797, 798)</p>
	796.2		<p>FOUND DEAD (CAUSE UNKNOWN) Not applicable except in coding deaths.</p>
	796.3		<p>DIED WITHOUT SIGN OF DISEASE Not applicable except in coding deaths.</p>
		797	<p>"GLAND TROUBLE" NOS <u>Includes</u> only gland disease or "trouble" with no indication whatever as to the <u>kind</u> of disease or "trouble" or the <u>site</u> of the gland. <u>Excludes:</u> enlargement, hypertrophy, swelling of gland (lymph) (any onset) (782.7); infection, inflammation, "sore" gland (lymph)(-3 mos.) (683), or if 3 mos+ (289.1); lymphadenitis: code as per ICDA, but do not use 289.3 unless date of onset is unknown diseases and conditions of glands of other known sites: code as per ICDA.</p>
		798	<p>"KNOTS," "LUMPS," "BUMPS," CAUSE AND TYPE UNKNOWN <u>Excludes</u> tumors or growths which are coded as for neoplasms (140-239); and knots, lumps, bumps, due to unspecified type of current injury--to be coded to 996, by site if known. If "knots," "lumps," "bumps" are modified by the adjectives "benign," "malignant," or "normalignant," code as for neoplasms (140-239).</p>

Con- tent	Not used	New code	Category Title
			<p>ACCIDENTS, POISONINGS AND VIOLENCE (NATURE OF INJURY) (800-999)</p> <p><u>General Notes:</u></p> <ol style="list-style-type: none"> 1. For HIS, the codes E800-E999 (External Cause) will not be used. 2. For poisonings and other "adverse effects," <u>see</u> 960-989, 990-994, 996, 997-998, 999, this Appendix. 3. In these notes, the term "injury" will refer to types in 800-959, 996. 4. For HIS, 995 (certain early effects of trauma) will not be used, nor will ICDA 4th digits for 800-959, 996. Codes 871, 885-887, 895-897, will not be used. 5. For HIS, the 4th digit "9" will signify accidental injury only for: <ol style="list-style-type: none"> a. Amputation and Loss, in X-Code, <u>recent or old</u>; b. Other impairments in X-Code, 3 mos+; c. Injury 3 mos+, <u>no residual specified</u>, of types in 800-959, 996, except 830-848. (Dislocations and Sprains, 830-848, 3 mos+, <u>with no residual specified</u> will be coded to X70.9-X79.9, by site.) 6. <u>Specified residuals</u>, that are not impairments, which are 3 mos+ (traumatic) (posttraumatic) will be coded to the ICDA condition code as indexed by ICDA--<u>not to 800-959, 996</u>. For example, "Arthritis due to <u>dislocation 3 mos+</u>" will be coded to 714.0 (Arthritis, traumatic). If there is no distinguishing code for "traumatic," code the residuals to the diagnosis indexed--as if <u>not</u> traumatic. 7. <u>Injury -3 mos</u>: Except as in 5a, above, all codable current injuries (past 3 months) will have a code <u>beginning with "8" or "9"</u>. Usually no condition code (in 000-799) will be required by HIS in addition to the injury code. If an additional code in 000-799 <u>is</u> required by HIS--as in the case of mental disorders or cataract--an instruction to that effect will be found elsewhere in this Appendix. 8. <u>Multiple injuries, -3 mos, same person, same accident</u>: ICDA provisions will be followed. However, if, for example, a contusion and cut, both, occurred and each was in a <u>different</u> part of the body, each of these injuries <u>will be coded</u>.

Content	Not used	New code	Category Title
			<p>(800-999)--Continued</p> <p>FRACTURES (800-829)</p> <ol style="list-style-type: none"> 1. See also General Notes for 800-999, this Appendix. 2. As per ICDA, fracture due to specified diseases: code disease only. Fracture due to unspecified disease, and not due to injury, will be coded to 723.2 only. 3. For HIS, 4th digits for "closed," "open," or greater detail of site, will not be used. However, for fractures in 800-829, 3 most+, with no present effect indicated except delayed healing or nonunion, code to 800.9-829.9 by site. 4. For HIS, <u>includes</u> fracture, "broken," "cracked," by site, if the specified part of body contains bones--as in arm, leg, hand, foot, back, neck. <u>Excludes:</u> "broken" tooth (teeth): <u>see</u> 873, and 525.0, this Appendix "broken" or torn cartilage, muscle, tendons: <u>see</u> 840-848, this Appendix. "broken veins" (any site) (458.9) "fractured" eardrum: <u>see</u> 872 and 387.2, this Appendix. "ruptured": <u>see</u> Vol. 2, under Rupture. rupture NOS or meaning hernia: <u>see</u> 848 and 550-553, this Appendix. all "disc" conditions: <u>see</u> 839 and 725, this Appendix.
806			<p>FRACTURE AND FRACTURE DISLOCATION OF VERTEBRAL COLUMN WITH SPINAL CORD LESION</p> <p>For HIS, <u>excludes</u> all types of paralysis, <u>3 most+</u>, due to injury; code these to X-Code with .9 in 4th digit.</p>
825			<p>FRACTURE OF ONE OR MORE TARSAL AND METATARSAL BONES</p> <p>For HIS, <u>includes</u> "broken arches," -3 mos, if due to injury. <u>Excludes</u> "broken arches," 3 most+, due to any cause; code to X82 by the rules for impairments.</p>

Con- tent	Not used	New code	Category Title
			<p>(800-999)--Continued</p> <p>DISLOCATION WITHOUT FRACTURE (830-839)</p> <ol style="list-style-type: none"> 1. <u>See also</u> General Notes for 800-999, this Appendix. 2. For HIS, dislocations or displacements codable to 830-839 are limited to those due to accidental injury in past 3 months. 3. For "disc" conditions, <u>see</u> 839, this Appendix. 4. For HIS, congenital dislocation of hip will be coded to X85.X; and any other specified <u>congenital</u> dislocation will be coded to X80.X-X89.X, by site. 5. Dislocation, jaw, 3 mos+: code to X92. 6. Dislocation (and synonyms) of joints of limbs, back, trunk, 3 mos+ (or old or habitual or recurrent), with no other specified present effect, will be coded to X70-X79, by site, according to the rules for X70-X79. "Rupture," "tear," "broken," "wrenched," "derangement," of ligaments, muscles, cartilages, or tendons or other structures surrounding the knee or other joints, will be coded as for Sprain, strain of those sites unless <u>dislocation</u> is also specified in the description. 7. ICDA 4th digits for "simple," "compound," further detail of site, or "late effect" will not be used.
836			<p>DISLOCATION OF KNEE</p> <p>For HIS, code: internal derangement of knee joint, 3 mos+, to X76; recurrent dislocation of knee, 3 mos+, to X76.</p>
839			<p>OTHER, MULTIPLE, AND ILL-DEFINED DISLOCATIONS</p> <p>For HIS, <u>includes</u> dislocation, displacement, and other "<u>disc</u>" conditions, -3 mos, if <u>specified</u> as due to injury. <u>Excludes</u> "<u>disc</u>" conditions, -3 mos, <u>not</u> due to injury, and all "<u>disc</u>" conditions 3 mos+, whether due to injury or not: code to 725.0-725.9, by site.</p>

Con- tent	Not used	New code	Category Title
			<p>(800-999)--Continued</p> <p>SPRAINS AND STRAINS OF JOINTS AND ADJACENT MUSCLES (840-848)</p> <ol style="list-style-type: none"> 1. <u>See also</u> General Notes for 800-999, this Appendix. 2. For HIS, sprains, strains (and synonyms) codable to 840-848 are limited to those due to accidental injury in past 3 months. 3. <u>Includes also</u> "broken," "wrenched," "deranged" cartilage or tendons surrounding knee and other joints unless <u>dislocation</u> is also specified in the description. 4. For hernia due to strain or injury NEC, <u>see</u> 848 and 550-553, this Appendix. 5. Sprains, strains (and synonyms), 3 mos+, of sites of limbs, back, trunk with no other effect specified, will be coded by HIS to X70-X79, by site. 6. ICDA 4th digits for site in 840-848 will not be used by HIS.
846			<p>SPRAINS AND STRAINS OF SACROILLIAC REGION For HIS, <u>includes</u> sacroiliac and lumbosacral. <u>Excludes</u> back NOS or upper, or neck (847).</p>
847			<p>SPRAINS AND STRAINS OF OTHER AND UNSPECIFIED PARTS OF BACK For HIS, <u>excludes</u> regions and parts of back codable to 846, above. <u>Includes</u> neck, or back, spine, vertebrae, <u>except</u> as in 846. <u>Excludes</u> old (3 mos+) whiplash injury, no effect specified (X71.9) and all other sprains, strains, 3 mos+, no effect specified, of any part of back (X70.9-X72.9).</p>
848			<p>OTHER AND ILL-DEFINED SPRAINS AND STRAINS For HIS, <u>includes</u> hernia, -3 mos, <u>provided</u> it is due to "one-time" injury, heavy lifting, or strain; <u>excludes</u> hernia 3 mos+ due to injury, which will be coded to 550-553 without reference to trauma; and hernia, <u>any onset not due to injury</u> (550-553). <u>Includes</u> sprain, strain, "side" -3 mos; if 3 mos+, code X79. <u>Excludes</u> eyestrain, strained heart, athlete's heart, strain of other internal organs, <u>any onset</u>; regard these as meaning "general wear and tear," and code with the ill-defined diseases of the part mentioned, <u>without reference to injury in any way.</u></p>

Con- tent	Not used	New code	Category Title
			<p>(800-999)--Continued</p> <p>INTRACRANIAL INJURY (850-854); INTERNAL INJURY (860-869)</p> <ol style="list-style-type: none"> 1. <u>See also</u> General Notes for 800-999, this Appendix. 2. For HIS, the term "jarring" will be coded as for Concussion--if of brain or spinal cord, as per ICDA; if of internal organs (lung, liver, etc.), as for Injury, internal in 860-869; if of other site, code to Injury, other (996). 3. "Internal injury" means accidental injury of any kind to organs inside of the chest, abdomen, pelvis (such as lung, liver, stomach, uterus, kidney, etc.). 4. Intracranial and Internal Injuries, -3 mos, will be coded as per ICDA, except that ICDA 4th digits for 850-869 will not be used. 5. Any injury 3 mos+ in 850-869, with no effect specified (except delayed healing) will be coded to 850.9-869.9, by site. <p>LACERATION AND OPEN WOUNDS (870-907)</p> <ol style="list-style-type: none"> 1. <u>See also</u> General Notes for 800-999, this Appendix. 2. For HIS, <u>excludes</u> avulsion, amputation, "cut off," "torn off," enucleation ("knocked out") any onset: <ol style="list-style-type: none"> a. eye: code as for Blindness in X-Code b. ear or nose: code to X90 c. limb(s) any: code to X20-X34 by site 3. <u>Excludes also</u>: <ol style="list-style-type: none"> a. "smashed," "mashed," "mangled," "crushed" of extremities and sites codable to 996 when there is no information to indicate a more specific type of injury--such as open wound, fracture, etc; in such cases, code to 996 b. bites of mosquitoes--<u>see</u> Injury superficial c. bites of poisonous insects or reptiles (989.4) 4. For HIS, cuts (and synonyms), -3 mos, with "complications" as defined by ICDA, or with tendon involvement, will be combined into one 3-digit code, since the ICDA 4th digits for these are not to be used by HIS. For example, "splinter in finger--infected," -3 mos, would be coded to 883--not 883.1. 5. For HIS, any in 870-884, 890-894, 900-907, 3 mos+, with no residual indicated (except delayed healing) will be coded to 870.9-884.9, 890.9-894.9, 900.9-907.9, by site. <u>Exception</u>: Perforated ear drum 3 mos+ will be coded to 387.2. 6. For <u>old</u> foreign body in tissue or bones, <u>see</u> ICDA 733.6; the original open wound will not be coded.

Con- tent	Not used	New code	Category Title
			(800-999)--Continued
			(870-907)--Continued
		871	ENUCLEATION OF EYE
872			OPEN WOUND OF EAR
			1. For HIS, <u>includes</u> perforation of eardrum (and synonyms) due to injury, or "traumatic" only if -3 mos; if 3 mos+, <u>and</u> "traumatic" (due to injury) code to 387.2; if <u>nontraumatic</u> , code to 387.2, regardless of onset, as per ICDA.
			2. <u>Excludes</u> absence or loss of ear due to injury, any onset (X90.9).
873			OTHER AND UNSPECIFIED LACERATION OF HEAD
			1. <u>Includes</u> all sites in ICDA 873.0-873.8, but the 4th digits for site will not be used by HIS.
			2. For HIS, <u>includes</u> broken tooth or teeth, or loss of tooth or teeth, only if <u>due to injury</u> NEC, <u>and</u> -3 mos. Absence of tooth, teeth, <u>3 mos+</u> , due to any cause, or congenital absence of tooth or teeth, <u>any onset</u> , will be coded to X92 by the rules for impairments.
			3. <u>Excludes</u> absence of tooth or teeth, -3 mos, not congenital, not due to injury (525.0).
			4. <u>Excludes</u> absence or loss of nose due to injury, any onset (X90.9).
		885	TRAUMATIC AMPUTATION OF THUMB(S) (COMPLETE) (PARTIAL)
		886	TRAUMATIC AMPUTATION OF OTHER FINGER(S) (COMPLETE) (PARTIAL)
		887	TRAUMATIC AMPUTATION OF ARM AND HAND (COMPLETE) (PARTIAL)
		895	TRAUMATIC AMPUTATIONS OF TOE(S) (COMPLETE) (PARTIAL)
		896	TRAUMATIC AMPUTATION OF FOOT (COMPLETE) (PARTIAL)
		897	TRAUMATIC AMPUTATION OF LEG(S) (COMPLETE) (PARTIAL)

Con- tent	Not used	New code	Category Title
921			<p>(800-999)--Continued</p> <p>SUPERFICIAL INJURY (910-918)</p> <ol style="list-style-type: none"> 1. <u>See also</u> General Notes for 800-999, this Appendix. 2. For HIS, <u>includes also</u> "skinned" of the sites in 910-918; bites of nonpoisonous insects (mosquitoes) (fleas); "stings" will be regarded as venomous (989.4). 3. For HIS, superficial injury will be omitted if it occurs with some other more serious injury in <u>same part of body</u>. 4. ICDA 4th digits for 910-918 relating to infection or late effect will not be used. For superficial injury, 3 mos+, <u>no residual specified</u>, 910.9-918.9, by site, will be used by HIS. <p>CONTUSION AND CRUSHING WITH INTACT SKIN SURFACE (920-929)</p> <ol style="list-style-type: none"> 1. <u>See also</u> General Notes for 800-999, this Appendix. 2. For HIS, if there is no information or indication that the skin surface is "intact," <u>and</u> open wound or fracture is <u>not</u> mentioned: crushing, "mangled," "mashed" of sites in 996 will be coded to 996. 3. For HIS, <u>includes also</u> "blood blister" (due to injury)--to be coded as for Hematoma, or Contusion, as per ICDA. 4. For HIS, contusion (or bruise) will be omitted if it occurs with some other more serious injury in <u>same part of body</u>. 5. ICDA 4th digits for current injury and late effects will not be used. For contusion (or synonyms) 3 mos+, <u>no residual specified</u>, 920.9-929.9 will be used by HIS. <p>CONTUSION OF EYE AND ORBIT <u>Includes also</u> "black eye."</p> <p>EFFECTS OF FOREIGN BODY ENTERING THROUGH ORIFICE (930-939)</p> <ol style="list-style-type: none"> 1. <u>See also</u> General Notes for 800-999, this Appendix. 2. For HIS, <u>includes also</u> foreign body (cinder, coin, fishbone, etc.) -3 mos, entering eye, ear, nose, throat, or any natural opening of the body and effects, -3 mos, of having swallowed a foreign body. <u>Old</u> foreign body of this nature, <u>with no residual specified</u>, will be coded to 930.9-939.9, by HIS. 3. <u>Excludes</u> "splinter in finger," or other foreign material in parts of body <u>not</u> a natural opening or passageway (from the outside)--to be coded as for Open Wound of the site. <u>See</u> notes for 870-907, this Appendix.

Con- tent	Not used	New code	Category Title
			<p>(800-999)--Continued</p> <p>BURNS (940-949)</p> <ol style="list-style-type: none"> 1. <u>See also</u> General Notes for 800-999, this Appendix. 2. ICDA 4th digits for degree, or "complicated," or late effect, will not be used by HIS. For burns, 3 mos+, <u>no residual specified</u>, 940.9-949.9 will be used by HIS. <p>INJURY TO NERVES AND SPINAL CORD (950-959)</p> <ol style="list-style-type: none"> 1. <u>See also</u> General Notes for 800-999, this Appendix. 2. For HIS, categories 950-959 <u>include</u> traumatic blindness, deafness, and paralysis (due to nerve injury), -3 mos. <u>Excludes</u> these conditions 3 mos+; to be coded to the appropriate X-Code, with 9 in 4th digit. 3. ICDA 4th digits for mention of open wound and late effect will not be used. For nerve and spinal cord injury, 3 mos+, <u>with no residual specified</u>, 950.9-959.9 will be used by HIS.

Con- tent	Not used	New code	Category Title
			(800-999)--Continued
			ADVERSE EFFECTS OF CHEMICAL SUBSTANCES (960-989)
			<ol style="list-style-type: none"> 1. All ICDA 4th digits in 960-989 will be used, and ICDA provisions and exclusions in 960-989 will be followed by HIS. Thus, late effects, chronic effects, as well as exposures within the past 3 months will be coded to 960-989. The date of onset will be relied upon to separate those "adverse effects" or poisonings with onset in past 3 months from those with onset 3 months. 2. See Table of Adverse Effects, Section III of Vol. 2, for the list of drugs and other chemical substances codable to 960-989, and ICDA general notes preceding this list. The three columns of codes in the Table, under "External Cause (E-Code)," will not be used by HIS. Thus, if poisoning or other adverse effect of the substances in 960-989 is reported, the appropriate code from the first column of codes ("Nature of Injury") will be used and this will apply regardless of the external cause--i.e., whether encountered by accident, during therapy, in homicidal or suicidal attempt, or however. 3. For <u>addiction to, or dependence on</u>, drugs, alcohol, or other substances, the condition will be coded as per ICDA; an additional code from the Table of Adverse Effects is not to be used. 4. For mental disorders, as in 294.3 or 309.1, due to exposure (not addiction) to substances in 960-989, two codes are required: one for the specified psychosis <u>or</u> nonpsychotic mental disorder, and one for the <u>type</u> of substance. 5. Except as in 4, above, an <u>additional</u> code for type of adverse effect (headache, vomiting, etc.) is not required, except impairments, see page 27, Sec. V. 6. For adverse effects of "shots," vaccinations, and other immunization procedures, <u>see</u> App. III, 999.

Con- tent	Not used	New code	Category Title
			(800-999)--Continued
			OTHER ADVERSE EFFECTS (990-994, 996)
			1. For HIS, fractures and other specified injuries of the types in 800-959, incurred in diving or in other situations included in 990-994 will be coded to the injury codes in 800-959--not to 990-994.
			2. Specified conditions which can be coded elsewhere are not to be coded to 990-994 if due to <u>ordinary</u> bad winter or summer weather, damp weather, changes in temperature, "the heat," "cold," "got feet wet," or to <u>ordinary</u> hunger or thirst. These will be coded as if non-traumatic.
			3. Sunburn (692.8) and other effects such as chilblains (443.2) which are classified by ICDA to the <u>disease</u> categories will not be counted as <u>injuries</u> . "Sun poisoning" will be coded as for sunburn.
			4. Effects codable to 990-994 will include, for HIS, only those with onset in past 3 months. Conditions 3 mos+, due to causes such as radiation, frostbite, heat stroke, etc., will be coded to the condition in the <u>disease</u> codes--not to 990-994.
			5. ICDA 4th digits for 990-994 will be used by HIS.
994.5			EFFECTS OF EXCESSIVE EXERTION For HIS, <u>excludes</u> terms such as "overwork," "tired," "exhausted," "worn out." See 790.1, this Appendix.
	995		CERTAIN EARLY COMPLICATIONS OF TRAUMA For HIS, code the injury only.
996			INJURY, OTHER AND UNSPECIFIED 1. For HIS, ICDA 4th digits for site will not be used. 2. For injury codable to 996, 3 mos+, <u>with no residual</u> specified, 996.9 will be used. 3. For HIS, <u>includes</u> ill-defined descriptions of injury of external sites (<u>not</u> involving eye, head, skull, internal sites, nerves)--such as smashed, mashed, mangled, crushed, hurt, knocked, cracked, whacked, bumped, jarred--that cannot be coded elsewhere.

Content	Not used	New code	Category Title
			<p>(800-999)--Continued</p> <p>COMPLICATIONS OF SURGICAL PROCEDURES (997-998)</p> <p>As per ICDA, adverse effects, or "complications," due to anesthetics or other drugs, used in surgery or for any purpose, are to be coded as for Adverse effects of medicinal agents in 960-979--not to 997, 998. Also, adverse effects of radiation, for any purpose, are to be coded as shown in 990--not to 997, 998. For complications of vaccination or preventive "shots," <u>see</u> 999.5, below.</p> <ol style="list-style-type: none"> 1. For HIS, 997, 998 will be used for <u>present specified</u> difficulties, included in 997, 998, Vol. 1, due to or following: <ol style="list-style-type: none"> a. recent <u>or old</u> operations b. therapeutic <u>or</u> preventive (elective) (non-therapeutic) operations c. operations in which something went wrong at the time of the operation <u>or</u> in which things went well at that time. 2. For <u>present</u> difficulties which qualify for 997, 998, the precise nature of the complication will not usually be coded separately, unless an impairment in the X-Code is <u>also</u> implied or stated along with a stated complication. In such cases, code the impairment <u>also</u>, using the etiology code for the disease or injury which required the operation originally. If a mental disorder in 293.5 or 309.2 is due to brain surgery (998.9), code the mental disorder also. 3. If the original disease or injury which required the operation in the first place is still <u>present</u> and active, or is a Flashcard condition present in the past 12 months (though it may not be present now), code <u>it also</u>. 4. Statements on the condition page such as "breast removed," "hysterectomy," or other names of operations, with <u>no stated</u> present complication, will <u>not</u> qualify for 997, 998. If an impairment in the X-Code is indicated, code the impairment, but not 997, 998. 5. For multiple complications qualifying for 997, 998, code each having a different code in 997, 998.

Content	Not used	New code	Category Title
			(800-999)--Continued
			(997-998)--Continued
997.0			<p>REACTION TO LUMBAR OR SPINAL PUNCTURE <u>Includes also</u> headache or other conditions due to "spinal tap."</p>
997.2			<p>LATE AMPUTATION STUMP COMPLICATION For HIS, code the absence of part in X20-X34, and 997.2 also. This applies whether or not the person wears a detachable prosthetic device.</p>
997.3			<p>POSTMASTECTOMY LYMPHEDEMA SYNDROME For HIS, <u>includes</u> "swollen arm" or other lymph gland difficulties following removal of breast: code X38 and 997.3. <u>Excludes</u> present and specified "complications" of breast removal which are <u>not</u> part of the lymphedema syndrome; code these to 998.9, and X38.</p>
997.7			<p>COMPLICATIONS OF TRANSPLANTED ORGAN For HIS, <u>includes</u> present difficulties following previously transplanted organs or tissues (including skin or bone). No additional code for absence of part is required.</p>
997.8			<p>COMPLICATIONS OF RE-ATTACHED EXTREMITY For HIS, <u>includes</u> present difficulties following previous surgery to re-attach ("sew back on") a partially or completely severed extremity (finger, hand, toe, foot). No additional code for absence of part is required, unless the extremity cannot remain attached.</p>
997.9			<p>POSTGASTRECTOMY DUMPING SYNDROME <u>Includes</u> nausea and other digestive symptoms, faintness, etc., due to a previous operation to remove the stomach (or part of it). No code is required to express absence of stomach.</p>
998.7			<p>COLOSTOMY AND ENTEROSTOMY MALFUNCTION For HIS, <u>includes</u> present difficulties following previous surgery to create an artificial orifice (opening) for the bowel; code X98 <u>and</u> 998.7.</p>

Con- tent	Not used	New code	Category Title
998.9			<p>(800-999)--Continued</p> <p>(997-998)--Continued</p> <p>OTHER COMPLICATIONS OF SURGICAL PROCEDURES For HIS, the following can also be regarded as "complications" of operations, to be coded to 998.9:</p> <ul style="list-style-type: none"> a. adhesions (abdominal) said to be due to previous surgery NEC b. digestive symptoms or troubles due to gallbladder removal c. <u>specified</u> symptoms or difficulties NEC-- said to be due to operations NEC. <p><u>Excludes:</u></p> <ul style="list-style-type: none"> a. menopausal symptoms following hysterectomy: code 627 b. sterility following tubal ligation (female): code 628 c. symptoms and troubles comprising complications peculiar to <u>certain</u> surgical procedures in 997 d. symptoms of pain and discomfort or fatigue immediately following operations <u>not</u> in 997: these will <u>not</u> qualify as complications of surgery.

Content	Not used	New code	Category Title
			(800-999)--Continued
			OTHER COMPLICATIONS OF MEDICAL CARE (999) (See Vol. 2, under "Complications," for terms indexed by ICDA to 999.0-999.9.) For HIS, complications of medical care as in 999.0-999.9 will include those present in the past 3 months, although in some instances the medical care may have been given previous to that time.
999.0			GENERALIZED VACCINIA For HIS, this category should rarely be used, and then only for current (past 3 mos.) complications of vaccination for <u>smallpox, only</u> , consisting of widespread skin eruptions or other evidences of "generalized vaccinia."
999.1			POSTIMMUNIZATION ENCEPHALITIS <u>Includes</u> current "complications" consisting of <u>encephalitis</u> or <u>myelitis</u> due to vaccination, immunization, preventive shots, against smallpox, flu, tetanus or any disease.
999.2			SERUM HEPATITIS <u>Includes</u> current "complications" consisting of hepatitis, jaundice, or other liver condition due to injection, inoculation, or transfusion; <u>see also</u> Vol. 2, under "Hepatitis from."
999.3			OTHER INFECTION For HIS, <u>includes only</u> current "complications" consisting of the word " <u>infection</u> " or " <u>infected</u> ," due to injection, transfusion, vaccination; <u>see also</u> Vol. 2 under "Infection due to."
999.4			ANAPHYLACTIC SHOCK For HIS, this code is to be used only when the reaction or complication is a term codable by ICDA to 999.4. <u>Excludes</u> ordinary allergic reactions due to preventive shots, as in 999.5, or to substances codable to 960-979.
999.5			OTHER SERUM REACTION <u>Includes</u> current "complications" NEC consisting of reactions such as allergy, fever, headache, rash, soreness, due to vaccination or immunization, or "shots," for smallpox, flu, tetanus or any condition. <u>Excludes</u> "complications" of the specified types in 999.0-999.4. <u>See also</u> Vol. 2 under "Complications, vaccination."

Content	Not used	New code	Category Title
			(800-999)--Continued
			(999)--Continued
999.8			<p>OTHER TRANSFUSION REACTION</p> <p><u>See</u> Vol. 2--"Complications, transfusion" for types codable to 999.8 or elsewhere.</p> <p>For <u>any</u> current transfusion complication, code <u>also</u> any known concurrent disease or injury which required the transfusion.</p>
999.9			<p>OTHER</p> <p><u>Includes</u> complications of medical care NEC. <u>See also</u> notes <u>above</u> 999.0, in Vol. 1, for exclusions.</p> <p><u>Excludes also</u> all complications of <u>surgical</u> care, as in 997, 998.</p>

INDEX OF OPERATIONS, FOR HIS

(Revised January 13, 1969)

(Based on the Classification of Operations used
by the Health Interview Survey - as shown in
Appendix II of the Medical Coding Manual)

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Health Services and Mental Health Administration
National Center for Health Statistics
Division of Health Interview Statistics

Note: See Appendix II of the Medical Coding Manual for the Classification of Operations used by HIS, with a general explanation of its content and form. In the following Index of Operations, for HIS, names of operations and procedures are listed in alphabetical order. Operations for certain specified conditions are listed in the alphabetical order of the condition. For example: Cataract operation 20; Harelip operation 61; Pilonidal cyst operation 81. Codes for operations which are classified according to site--and which are not classified elsewhere to a particular kind of operation or condition--are found by site under the heading "OPERATION NEC." The abbreviation "OP NEC," seen frequently in this Index, means "Operation, not elsewhere classified."

-A-

Abscess, drained - see also OP NEC
 lymph gland or nodes, any site 49
 Adenoidectomy (and tonsillectomy) 50
 Adhesions NEC, operation for 6X
 specified sites - see OP NEC
 Air injected into:
 brain or spinal cord 10
 peritoneum 6X
 pleural space (for collapsing lung) 54
 Amputation - see also Removal
 arm(s) 88
 feet 88
 finger(s) 87
 foot 88
 hand(s) 88
 leg(s) 88
 thumb(s) 87
 toe(s) 87
 Aneurysm, repair (any site) 32
 Angiogram - see Arteriogram
 Anoscopy 6X
 Appendectomy (for appendicitis) 64
 incidental to other operation:
 code other operation only
 prophylactic only 6X
 Appendicitis, operation for 64
 Arteriogram, arteriography
 (cerebral) 10
 specified artery except cerebral 32
 Aspiration - see Tapping

-B-

Biopsy, any site - see OP NEC
 Birthmark removed 82
 Block, nerve (by injection) 10
 Boil (on skin) lanced, drained 82
 Breech delivery or extraction 95
 Bronchoscopy 59
 Bunion removed 8X
 Bunionectomy 8X
 Bursectomy 8X

-C-

Callus removed 82
 Cancer, operation for - see OP NEC
 with removal of organ or part -
see Removal
 Cataract operation 20
 Cauterization - see OP NEC
 Cesarean (birth)(delivery)(operation)
 (section) 93
 Cholecystectomy 69
 Circumcision 72
 Cleft palate operation 61
 Clot removed, any site 32
 Colostomy 66
 Corn removed 82
 Curettage, uterus (with dilation) 78
 Cyst operations
 pilonidal 81
 other sites and types - see OP NEC
 Cystocele operation (female) 79
 male 71
 Cystoscopy (for any disease) 71

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D and C 78
 Decompression, any site - see OP NEC
 Delivery NOS 95
 breech 95
 cesarean 93
 forceps 95
 normal or spontaneous 95
 type, any except cesarean 95
 Derangement, knee, any operation 85
 Dilation (and curettage) uterus 78
 "Disc"(spinal), (ruptured)(slipped)
 any operation 86
 other sites - see OP NEC
 Dislocation (joint), procedures 84
 with fracture - see Fractures
 jaw 84
 knee 85
 nose 52
 spine or vertebra 84
 disc 86
 Diverticulitis operation 66
 sites not intestines - see OP NEC
 Drainage (with incision) - see also
 OP NEC
 boils (skin) 82
 lymph glands or nodes (infected)
 any site 49
 Duodenectomy 63
 for ulcer(s) 62

-E-

Embolectomy (any site) 32
 Encephalogram 10
 Encephalography 10
 Enterectomy 66
 Exploratory (abdominal) 6X
 site except abdominal - see
 OP NEC

-F-

Fistula, operation for - see OP NEC
 Foreign body removed - see OP NEC
 Fractures, procedures for NEC 83
 jaw 83
 nose 52
 refractures, any site 89
 skull 12
 Freeing of adhesions NEC 6X
 specified sites - see OP NEC

-G-

Gallstones, operation for 69
 Gastrectomy (complete)(partial) 63
 for ulcer(s) 62
 Goiter removed 01
 Graft, skin (any site) 80
 "Growth" removed - see OP NEC
 with removal of organ or part -
 see Removal

-H-

Harelip operation 61
 Hemorrhoidectomy 67
 Hemorrhoids operations 67
 Hernia.(abdominal sites) operation 65
 Herniorrhaphy 65
 Hydrocele operation 74
 Hysterectomy (complete)(partial)
 (with any other operation on
 genitourinary system or breast)
 77

-I-

Implantation of radioactive substance
 (bomb)(needles)(seeds) - see
 OP NEC
 Incision (and drainage) - see also
 OP NEC
 boils (on skin) 82
 lymph glands or nodes, any site 49
 Infection, skin, NEC, operations
 for 82
 Insertion, pin, for fracture 83
 with refracture 89

-J-

Jejunectomy 63
 for ulcer(s) 62
 Jejunotomy NEC 63

-K-

Keratectomy 20
 Keratotamy 20
 Knee derangement or dislocation -
 operations for 85

-L-	OPERATION NEC - Continued
Laminectomy 13 for spinal "disc" 86 Laparotomy (exploratory) 6X Laryngoscopy 59 Ligation of veins NEC 32 varicose 31 Lipoma removed 82 Lobectomy (complete)(partial) brain 11 lung 54 thyroid 01 Lobotomy (brain) 11	site ill-defined or unknown XX abdomen, abdominal 6X adrenal gland 09 ankle 8X anus 6X aorta 32 appendix NEC 6X arm 8X armpit (axilla) 8X artery 32 back 8X bile (gall) ducts or passage 69 bladder (urinary) 71 blood vessel 32 bone NEC 89
-M-	jaw 89 marrow 49 nose 52 bowel 66 brain 11 breast NEC (female)(male) 76 breast bone 89 bronchial (tubes) 59 bursa 8X buttock 8X carotid gland 09 cartilage 8X cecum 66 cerebral meninges 11 cerebrospinal 11 cervix 79 cheek 8X chest NOS 59 chin 8X colon 66 conjunctiva 20 cornea 20 cranium 12 duodenum 63
Massage, heart 30 Mastectomy (complete)(partial) (female)(male) 75 Mastoidectomy 26 Mental disorder, surgical test or treatment for 10 Mile's resection (proctectomy) 66 Moles (skin) removed 82 Myelogram 10 Myelography 10	ear, any part 25 mastoid involved 26 elbow 8X endocrine gland NEC 09 esophagus 6X Eustachian tube (ear) 25 eye, any part 20 eyelid 20
-N-	
Nail (finger)(toe)(infected) (ingrowing), surgery for 82 Nephrectomy 70 Nerve block (by injection) 10 disorder, surgical test or treatment for 10	
-O-	
Obstetric procedures - <u>see</u> Delivery Omentectomy 6X	
<u>OPERATION NEC, BY SITE</u> <u>Note:</u> For operations for a specified condition <u>see</u> first under name of that condition in this Index.	

OPERATION NEC - Continued

face 8X
 Fallopian tube 79
 fascia 8X
 feet 8X
 finger 8X
 nail 82
 foot 8X
 forearm 8X
 forehead 8X
 gall duct 69
 gallbladder 69
 gastric 63
 genital organ NEC
 female 79
 male 74
 gland NOS XX
 endocrine NEC 09
 lymph 49
 prostate 73
 thyroid, not removal 02
 groin 6X
 gum 60
 hair follicles 82
 hand 8X
 head 8X
 heart 30
 artery 32
 heel 8X
 hip 8X
 ileum 66
 ilium 89
 inguinal region 6X
 intervertebral disc 86
 intestines 66
 jaw NOS 60
 bone 89
 jejunum 63
 joint 8X
 kidney 70
 knee 8X
 larynx 59
 leg 8X
 ligament 8X
 lip 61
 liver 68
 lung 54
 lymph channel, gland, node
 or vessel 49
 marrow (bone) 49
 mastoid 26
 mouth 61

OPERATION NEC - Continued

muscle 8X
 eye 20
 myocardium 30
 nail (finger or toe) 82
 nasal - see nose
 nasopharynx 52
 navel NEC 6X
 neck 8X
 nerve NEC 14
 optic 20
 nervous system NEC 14
 nipple 76
 nose or nasal 52
 bone 52
 septum 52
 sinus 53
 skin of 82
 nostril 52
 skin of 82
 omentum 6X
 optic nerve 20
 orbit 20
 ovary 79
 oviduct 79
 palate (hard)(soft) 61
 pancreas 6X
 parathyroid (gland) 09
 parotid gland 61
 pelvic, pelvis 6X
 bone 89
 penis 74
 pericardium 30
 perineum 6X
 peritoneum 6X
 pharynx 51
 pineal gland 09
 pituitary gland 09
 pleura, pleural cavity or
 space 54
 prostate (gland) 73
 pylorus 63
 rectum 66
 retina 20
 rib 89
 salivary gland 61
 scalp 82
 sebaceous gland 82
 shoulder 8X
 "side" NOS XX
 sigmoid 66
 sinus (accessory)(nasal) 53

OPERATION NEC - Continued

skin NEC 82
 ear 25
 eyelid 20
 lip 61
 skull 12
 spinal cord or meninges 13
 spine NEC 8X
 spleen 49
 stomach 63
 sweat gland 82
 tear duct 20
 teeth 60
 temple 8X
 temporal (region) 8X
 tendon NEC 8X
 testicle 74
 thigh 8X
 thorax NOS 59
 throat NEC 51
 thumb NEC 8X
 thymus gland 09
 thyroid gland NEC 02
 toe 8X
 nail 82
 tongue 61
 tonsil NEC 51
 tooth 60
 trachea 59
 umbilicus 6X
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 urethra 7X
 urinary organ NEC 7X
 uterus NEC 79
 vagina 79
 valve of heart 32
 vein NEC 32
 vertebra NEC 8X
 vocal cords 59
 vulva 79
 windpipe 59
 womb NEC 79
 wrist NEC 8X
 Ostectomy 89
 nose 52
 Otosclerosis, operation for 25

-P-

Paracentesis - see Tapping
 Pilonidal cyst operation 81
 Pneumoencephalogram 10
 Polyps removed - see OP NEC
 Proctectomy 66
 Proctoscopy 66
 Prostate (gland) any condition, any
 operation for 73
 Puncture - see also OP NEC
 spinal 13
 Pyelogram, pyelography - omit

-R-

Radium implantation or insertion -
 see OP NEC
 Rectocele operation (female) 79
 male 66
 Refracture of bones 89
 Removal of ORGANS OR MEMBERS
 Note: for removal of organ or
 part of body not listed below,
 see OP NEC.
 adenoids (and tonsils) 50
 appendix - see Appendectomy
 arm(s) 88
 artery (part) 32
 breast (complete)(partial)(female)
 (male) 75
 bursa 8X
 cervix - see Hysterectomy
 cornea 20
 duodenum NEC 63
 for ulcers 62
 feet 88
 finger(s) 87
 foot 88
 gall ducts or gallbladder 69
 hand(s) 88
 intestines (part of) NEC 66
 jejunum NEC 63
 for ulcer 62
 kidney 70
 leg(s) 88
 lung (part of) 54

Removal of ORGANS OR MEMBERS -

Continued

mastoid (cells) 26
 spleen 49
 stomach (part of) NEC 63
 for ulcers 62
 thumb(s) 87
 thyroid 01
 toe(s) 87
 tonsils (and adenoids) 50
 uterus (any part) - see
 Hysterectomy
 veins NEC 32

Repair
 female organs NEC 79
 heart valve 30
 hernia (abdominal) 65
 ocular muscle 20
 scars (of skin) 82

Resection, transurethral (for
 prostate condition) 73

Rupture, ruptured NEC, operation
 for 65
 appendix (with appendicitis) 64
 cartilage of knee 85
 "disc" (spinal) 86
 ligament of knee 85

-S-

Scars (of skin) repaired 82
 Shock therapy 10
 Sigmoidoscopy 66
 Spinal, spine NOS, operations
 NEC 8X
 cord 13
 "disc" conditions (ruptured)
 (slipped) 86
 dislocation NEC 84
 fracture 83
 tap (for test) 13
 Splenectomy 49
 "Stitches" - see OP NEC
 Stones removed - see OP NEC
 Submucous resection (for
 deviated nasal septum) 52
 Sutures - see OP NEC

-T-

Tapping (drawing off fluid)
 abdominal 6X
 chest NEC 59
 pleural cavity 54
 spinal 13
 other sites - see OP NEC

Tear of cartilage, ligament, tendon,
 operation for NEC 8X
 knee 85

Test or treatment, surgical, NEC
 for mental and nerve
 disorders 10
 spinal tap 13

Thoracentesis 54

Thyroidectomy (complete)(partial) 01

Tonsil operation NEC 51
 removal 50

Tonsillectomy (and adenoidectomy) 50

Tracheotomy 59

Transurethral resection (for
 prostate condition) 73

Tumor removed - see OP NEC
 with removal of organ or part -
 see Removal

Tying
 tubes (female) 79
 veins NEC 32
 varicose 31

-U-

Ulcer(s), operation for
 duodenum 62
 jejunum 62
 stomach 62
 other sites - see OP NEC
 with removal of organ or part -
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Umbilicus operations, for:
 hernia 65
 other conditions 6X

-V-

Valve of heart operation 30
Varicose veins operations
 (ligation)(stripping) 31
Vein operation NEC 32
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 varicose NEC 31

-W-

Warts removed 82
Wertheim operation - see
 Hysterectomy

SHORT INDEX
OF
DISEASES, IMPAIRMENTS, AND INJURIES
(Revised January 13, 1969)

Note: The asterisk, used frequently in this Index, means that an entry is different from, or not in, ICDA, Vols. 1 and/or 2. Code numbers with "X" in the first digit are also not in ICDA; these indicate Special Impairments and are fully classified in Appendix I and described further in a separate section of the Medical Coding Manual.

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Health Services and Mental Health Administration
National Center for Health Statistics
Division of Health Interview Statistics

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

- .0 Unknown or unspecified origin.
- .1 Cataract (374)* any origin except as in .5-.9 (with any in 4).
- .2 Cataract (374)* with glaucoma, any origin except as in .5-.9.
- .3 Glaucoma (375)* any origin except as in .5-.9, without cataract (with any in .4)
- .4 Other local eye diseases (360-378* except 374*, 375*) (any infection of eye)
- .5 Diabetes (250) (with cataract or glaucoma)
- .6 Diseases of the arteries NEC (440-447).
- .7 Vascular lesions, CNS (with arteriosclerosis) (with hypertension) (430-438)
- .8 Neoplasm (140-239)
- .9 Accident or injury except at birth
- .X Congenital origin NEC or birth injury
- .Y Conditions not in .0-.9, or .X (noncongenital)(nontraumatic)(not localized to eye)(hereditary)(old age)("age" NOS)

1-Digit Etiology Codes for OTHER IMPAIRMENTS (X06-X99)

- .0 Unknown or unspecified origin
- .1 Tuberculosis, any site
- .2 Poliomyelitis
- .3 Other infection or inflammation, ulcer, any site (general)(local)(scarlet fever)(meningitis)(encephalitis)(arthritis)(osteomyelitis)(neuritis), (etc.)
- .4 Neoplasm (140-239)
- .5 Diabetes (with gangrene) (250)
- .6 Diseases of arteries (gangrene)(general arteriosclerosis) (440-447)
- .7 Vascular lesions, central nervous system (430-438)
- .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)

First injury codes:

- 1 = first, or only, condition in this accident
- 2 = other condition(s) of multiples in this accident

Hospitalized for this accident:

- 1 = yes, entry on Hospital Page for this accident
- 2 = no, no entry on Hospital Page for any part of this accident

Acute/chronic code:

- 1 chronic
- 2 acute

Code for Hospital page:

- 1 Operation, for the coded diagnosis
- 2 Operation, NOT for the coded diagnosis
- 3 Operation, unknown if for the coded diagnosis
- 0 No operation done, or unknown if operation was done

- A -

Abrasion-see Injury, superficial
 Abscess, abscessed 682.9
 ear-see Infection, ear*
 gum 523.3
 lung 513
 specified sites, other-see Vol.2
 tooth, teeth (root) 522.5
 Absence
 breast X38
 nipple, only (congenital) X38.X
 ear (flap) X90
 extremity:
 lower only:
 feet, both X30
 foot X29
 leg (at or above knee) X26
 below knee, above ankle X27
 lower X27
 legs, both X28
 toe(s) only, one or both
 feet X31
 upper only:
 arm (at or above elbow) X20
 below elbow, above wrist X21
 lower X21
 arms, both X22
 finger(s) and/or thumb, only,
 one or both hands X25
 hand X23
 hands, both X24
 thumb(s)-see finger(s)
 upper and lower:
 digits only: finger(s) and/or
 thumb(s) and toe(s) X34
 one upper (arm or hand) with
 one lower (leg or
 foot) X32
 three or more (arm, hand, leg,
 foot) X33
 eye-see Blindness*
 jaw X92
 joint X39
 kidney X37
 larynx (voice box) X11
 lip X90
 lung X36
 nail(s) 757.4; acquired 703.9
 nose X90
 sites NEC-not impairments-see
 Vol. 2

Absence-continued
 teeth or tooth
 -3 mos NEC 525.0*
 due to injury 873*
 3 mos+, any cause X92
 congenital X92.X
 tongue (congenital) X11.X
 Ache(s), aching-see Pain
 Acid stomach 536.0
 due to nerves 305.5*
 Acne NEC (see also Vol. 2) 706.1
 Action, heart, irregular (see
 also App. III, 427) 427.9*
 due to nerves 305.3*
 Addiction
 alcohol 303.2
 drug (see also Dependence, Vol. 2)
 304.9*
 Adhesions (abdominal) 568
 postoperative 998.9*
 Alcohol, alcoholic
 addiction 303.2
 cirrhosis (liver) 571.0
 complication NEC 303.9*
 "hangover" 303.9*
 poisoning, accidental (acute)
 NEC 980.9
 psychosis NEC 291.9*: do not
 code alcoholism separately
 Alcoholism (see also Vol. 2) 303.9*
 Allergy, allergic (due to nerves)
 (skin)(with hives, itching,
 rash or swelling) NEC (see
 also App. III, 692.9) 692.9*
 any, due to:
 air-borne substance (dust)
 (feathers)(pollen) 507*
 with asthma (see also Asthma)
 493*
 contactants-see Dermatitis, due
 to, by substance contacted*
 drugs (internal use)(see also
 Table of adverse effects)
 977.9*
 applied to skin 692.3
 food NEC 692.5
 "atopic" 691*
 multiple substances in 692.0 -
 692.8 - 692.9*

Allergy-continued

any, due to-continued
shots (preventive)(serum)
 (vaccine) NEC 999.5*
 of penicillin or other drugs
 in 960-979 (with shock)-
see Table of adverse
 effects*
 with "shock" 999.4*
 arthritis 714.9
 asthma (see also Asthma) 493*
 bee sting 989.4
 breathing difficulty 493*
 chest 493*
 conjunctivitis 360
 with hay fever 507*
 cough, coughing 493*
 ear (and nose) 507*
 eye (watering) 360*
 with hay fever 507*
 lid (see also Allergy, skin) 692.9*
 gastritis 535
 gastrointestinal 561
 hay fever (see also Hay fever) 507*
 headache 346
 lips (see also Allergy, skin) 692.9*
 migraine 346*
 multiple sites:*
 respiratory (lower) 493*
 upper, only 507*
and:
 nonrespiratory except skin:
 code respiratory only*
 skin: code respiratory and
 skin*
 skin and other nonrespiratory
 sites: code skin only*
 nasal, nose 507*
 pneumonia 519.2
 sinus, or sinusitis 507*
 skin (dermatitis)(eczema)(hives)
 (with rash or itching) 692.9*
 due to:
 food 692.5
 specified contactants-see
 Dermatitis, due to*
 sneezing 507*
 sniffles 507*
 vomiting 535
 wheezing 493*

Amnesia NOS 780.7
 Amputation-see Absence, by site*
 Anemia 285.9
 iron deficiency 280
 of pregnancy 633.1
 of pregnancy NEC 633.9
 pernicious 281.0
 of pregnancy 633.0
 puerperal-following childbirth
 (see also Vol. 2) 676
 Angina (pectoris)(with arterio-
 sclerosis) 413.9*
with:
 coronary conditions 412.9*
 with hypertension 412.0*
 hypertension 413.0*
 Ankylosis-see Stiffness
 Anosmia (loss of sense of smell)
 X12
 -3 mos 356*
 Apoplexy-see Stroke
 Appendicitis, onset unknown 541*
 acute (-3 mos) 540.9
 with peritonitis or
 ruptured 540.0
 chronic 542
 Appetite, loss, poor 536.9*
 due to nerves NEC 305.5*
 refusal to eat 306.5*
 Arches, weak or fallen (with
 pain) X82
 Arteriosclerosis, arteriosclerotic
 (general) NEC (see also
 App. III, 440) 440.9*
with:
 angina (see also Angina) 413.9*
 brain clot 433.9*
 and hypertension (benign)
 433.0*
 cerebral hemorrhage 431.9*
 and hypertension (benign)
 431.0*
 endocarditis NEC 424.9
 gangrene (see also App. III,
 445.0) 445.0*
 heart disease NEC 412.9*
 and hypertension, benign or
 malignant 412.0
 hypertension (benign) 401*
 kidney disease-see Nephritis*

Arteriosclerosis-continuedwith:-continued

mental disorder NEC 309.3: code
the arteriosclerosis also*
nephritis-see Nephritis*
paralysis agitans 342
poor circulation NOS 440.9*
psychosis 293.0: code the
arteriosclerosis also*
"stroke" (see also App. III,
430-435, 438) 438.9*
with:
hypertension (benign) 438.0*
malignant 400.2*
brain or cerebral 438.9*
with:
hypertension (benign) 438.0*
nonpsychotic mental condi-
tions due to it 309.3:
code the arteriosclerosis
also*
psychosis due to it 293.0:
code the arteriosclerosis
also*
eyes 440.3*

Arthritis (chronic)(inflammatory)
(multiple)(spine or other site)
(with pain, stiffness or swelling)
NEC 715.2*
with specified deformity: code the
arthritis and also X80-X89,
by site
allergic (any site) 714.9
"crippling" NEC 715.0*
deformans ("crippling") 713.0*
spine 713.1*
degenerative ("crippling") 713.0*
spine 713.1*
"deteriorating" ("crippling") 713.0*
spine 713.1*
"not crippling" NEC 715.1*
osteo-see Osteoarthritis
psoriatic, or with psoriasis 696.0
rheumatoid ("crippling") 712.3*
spine 712.4*

Artificial

anus, malfunction X98 and 998.7*
arm or leg-see Absence, by site*
eye, one or both-see Manual,
Visual Impairments*
joint X39

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opening (surgical) X98
from bowel (any part) X98
with present difficulties
or malfunction X98
and 998.7*
Asthma (allergic)(bronchial)
(see also App. III, 493) 493*
with:
bronchitis: code bronchitis by
onset and 493* also
hay fever 493*
other allergies-see Allergy,
multiple sites
"cardiac" (due to heart disease) 427.1
with bronchitis: code
bronchitis also*
Ataxia, ataxic (gait) NEC
-3 mos: 780.4*
3 mos+: code to Partial
Paralysis, by site*
Athlete's foot 110.1
Atrophy (muscle), limbs, back,
trunk, NEC-see Deformity,
by site*
due to stroke, polio, etc-
see Manual, Deformity,
limbs, back, trunk*

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Backache-see Pain, back
"Backwardness" X18
Bealing in ear (acute) (see also
Infection, ear) 381.0*
Bedsore(s) 707.0
with gangrene 445.9
arteriosclerotic 445.0*
Bedwetting (adult)(child)(emotional)
306.6*
Bee sting (allergic) 989.4
Bilious (attack) 536.9*
Birth injury or condition affecting:
child
-3 mos of age NEC 772.9*
due to specified diseases of
the mother or other
causes-see Vol. 1,
760-778
3 mos+: code residual specified*
residual not specified X99.X
mother-see Delivery, complicated

- Birthmark (strawberry) (see also
Nevus, Vol. 2) 227.0
face, disfiguring X90.X; code
the nevus also*
- Bite, bitten by
animal NEC-see Wound, open
chigger 133.9
flea-see Injury, superficial
human NEC-see Wound, open
insect (nonvenomous)-see Injury,
superficial
poisonous, venomous 989.4
mosquito-see Injury, superficial
snake 989.4
nonpoisonous-see Wound, open
spider (poisonous or venomous)
989.4
nonvenomous-see Injury,
superficial
- "Black eye" (current injury) 921
Blackout (spells) 782.5
Bleeding (see also Hemorrhage,
Vol. 2) 458.9
intermenstrual 626.6
vagina, vaginal NOS 629.5
Blind, blindness (acquired)
(congenital)-see also Manual,
Visual Impairments*
color 377*
- Blister (traumatic)-see also
Injury, superficial
"blood"-code as for Hematoma,
Vol. 2*
fever 054
nontraumatic, NEC 709.9
- Blood
"blister" or "tumor"-code as
for Hematoma*
"coughing up" 783.1
"count, low" 289.9*
disease NEC 289.9
in urine NOS 789.3
"low" NEC 289.9*
mole (abortion)-see Vol. 2
not abortion: code as for
Birthmark (strawberry)*
"tired" 289.9*
"too much" 289.0
vomiting 784.5
- Boil(s)-see also Vol. 2
ear 380*
Bold hives-see Hives
Bowleg X84
Breakdown, nervous (see also
Disorder, mental)
(nonpsychotic) 300.9*
Breaking out (skin) (see also Rash)
788.2
Breathing difficulty 783.2
allergic (see also Asthma) 493*
Bright's disease-see Nephritis
"Broken"
arches, 3 most+ X82
-3 mos, due to injury 825*
congenital X82.X
blood vessels 458.9*
bone (in back, leg, arm, etc.)-
see Fracture
teeth, tooth
-3 mos NEC 525.0*
due to injury NEC 873*
3 most+, any cause X92
"veins" (any site) 458.9*
Bronchiectasis (with bronchitis,
any onset) 518*
with asthma 493* and 518*
Bronchitis, onset unknown 490*
asthmatic or with asthma 493*,
and code bronchitis by
onset also.
any onset, with:
allergy, or allergic 493*
bronchiectasis 518*
emphysema, or emphysematous:
code bronchitis by
onset, and 492* also
-3 mos (with cold -3 mos) 466*
with influenza 472
3 most+ 491*
Bruise-see Contusion
"Bumps" (any site) (see also "Lumps")
798*
Bunion (with resulting deformity)-
code 730 only

Burn (current) (see also Vol. 1, page 420; Vol. 2, Burn, and App. III, 940-949) 949*
 arm(s) 943*
 with hand(s) 943*
 back 942*
 chest 942*
 eye(s) (only) 940*
 face (and eye(s)) 941*
 finger(s) (and hand(s)) 944*
 and arm(s) 943*
 hand(s) not involving arm(s) 944*
 with arm(s) 943*
 head (and face) (and neck) (and eye) 941*
 hip 942*
 leg(s), any part 945*
 multiple sites NEC-see Vol. 2
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 code it, omitting
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- Gastritis (acute)(chronic)(diarrheal)
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- Gastroenteritis (diarrheal) 009.2
 allergic 561
 influenzal 473
 viral 008.9
- Gigantism X95
- Glaucoma (acquired NEC)(congenital)
 (see also Manual, Visual
 Impairments) 375*
- Goiter (see also Vol. 2) 240.9
- Grippe-see Influenza
- Growth (neoplastic)(new) (see also
 Neoplasm) 239.9
 benign-see Neoplasm, benign
 fibroid (uterus) NEC 218
 malignant-see Neoplasm, malignant
 precancerous, skin NEC 702*

- H -

- Hallux (valgus or varus) X84
 Hammer toe X84
 "Hangover" NEC 303.9*
 Hard of hearing-code as for Deafness*
 Hardening of arteries-see Arteriosclerosis
 Harelip (congenital) X91.X
 Hay fever (allergic) (see also App. III, 507) 507*
with:
 asthma (bronchial) 493*
 eyes itching or watering 507*
 nonrespiratory allergy except of skin: code 507* only
 skin allergy: code 507* and the skin allergy-see Allergy, skin*
 Headache 791
 allergic 346
 eyestrain 378*
 nervous, or due to nerves 306.8*
 sick 346
 tension 306.8
 Hearing, impaired-code as for Deafness*
 Heartburn 536.9*
 due to nerves 305.5*
 Heat (effects), current* (see also Vol. 2, and App. III, 990-994) 992.9*
 allergy (skin) 692.9
 cramps 992.2*
 excessive NEC 992.9*
 prickly 705.1
 prostration NEC 992.5*
 stroke 992.0*
 sunburn 692.8
 Hematoma-see Vol. 2
 Hemiparesis, 3 mos+: X53
 Hemiplegia, hemiplegic, 3 mos+: X47
 Hemorrhage NEC (see also Vol 2) 458.9
 artery 458.9
 brain or cerebral-see Vol. 2
 coronary-see Coronary conditions
 "neck"-code as for Hemorrhage, brain, Vol. 2*
 eye 378*
 nose 783.0
 retina 377*
 stomach 784.5
 Hemorrhoids (piles)(bleeding) 455
 Hepatitis, NOS, any onset (see also Vol. 2) 573.0*
 "acute" 570
 infective 070
 alcoholic 571.0
 "chronic"-see Cirrhosis, liver, Vol. 2
 epidemic 070
 post-immunization 999.2
 post-transfusion 999.2
 virus 070
 Hernia, hernial (acquired)(congenital) (traumatic, old)-site unspecified 551.9*
 with obstruction 553.9
 due to current injury, heavy lifting or strain (any site) 848*
 groin or inguinal 550
 with obstruction 552
 other sites-see Vol. 2
 Hiccough 784.6*
 due to nerves 305.5*
 High blood pressure (see also Hypertension) 401*
 Hives (allergic)(nonallergic) (bold)(giant)(with itching or swelling) (see also Dermatitis) 692.9*
 with other allergies-see Allergy, multiple sites*
 due to:
 food NEC 692.5*
 nerves NEC 305.0*
and allergy-ignore nerves*
 specified contactants-see Dermatitis, due to*

- Hoarseness
 -3 mos 783.5*
 3 mos+: X11
- Hormone deficiency 258.9*
- Humpback, hunchback (acquired) X80
 congenital X80.X
- Hydrocephalus X93
 congenital X93.X
- Hypertension (with arteriosclerosis)
 (benign) (see also Vol. 2,
 App. III, 400-404) 401*
 with:
 angina 413.0
 cerebral hemorrhage 431.0
 cerebrovascular disease, any
 onset 438.0*
 coronary conditions, any
 onset 412.0*
 heart conditions in 427-429:
 code to 402
 ischemic heart disease, any
 onset 412.0*
 kidney or renal disease or
 failure NEC 403*
 and heart conditions in
 427-429: 404*
 myocardial infarction, any
 onset
 nephritis-see Nephritis*
 "stroke," any onset 438.0*
 due to "nerves"-ignore nerves*
 malignant-see Vol. 2
- I -
- Impaired
 hearing-see Deafness*
 vision-see Manual, Visual
 Impairments*
- Impediment, speech-see Speech
 defect*
- Impetigo 684
- Improper food or diet, NEC 269.9*
- Incompetency, mental NEC 299*
- Incontinence (urine)(adult)(child)
 (emotional) 306.6*
 feces 306.7*
- Incoordination, muscular
 -3 mos 780.4*
 3 mos+: code to Paralysis
 partial in X-Code
- Indigestion 536.9
 acid 536.0
 nervous 305.5*
- Infection, infected NEC 136
 bladder (see also Cystitis) 595
 chest (acute)(chronic) 519.9*
 ear (middle), onset unknown
 381.9*
 -3 mos (with cold) 381.0*
 3 mos+ 381.1
 fungus (outer), any onset
 110.9
 inner, any onset 384.0
 outer, any onset 380
 eye NEC 369*
 eyelid 361
 finger (skin) 686.9
 nail (with lymphangitis) 681
 foot NEC 686.9
 fungus-see Fungus
 gallbladder (chronic) 575
 with gallstones 574.1
 "acute" 575
 with gallstones 574.0
 gland (lymph)(-3 mos)(in groin)
 (under arm)(neck) NEC
 683*
 3 mos+ 289.1*
 mesenteric, any onset 289.2*
- gum:
 -3 mos 523.0*
 3 mos+ 523.1*
- intestine (with diarrhea) 009.2
 influenzal 473
 viral 008.9
- kidney 590.9
 and bladder 590.1*
 with kidney stone: code 592
 only
- leg (skin) NEC 686.9
- liver-see Hepatitis*
- lung NEC 519.2
 3 mos+ 517*
 fungus NEC 117.9
- nail (foot)(toe)(with
 lymphangitis) 681
 ingrowing 703.0
- nerves-see Neuritis*
- prostate 601

Infection-continued

respiratory NEC 519.9
 3 mos+ 517*
 upper (acute)(multiple sites)
 NEC 465
 3 mos+ 502.1*
 skin NEC 686.9
 "stomach" 535*
 viral 008.9*
 throat NEC 462*
 chronic 502.0
 viral 462
 toe (skin) 686.9
 nail 681
 ingrowing 703.0
 tonsil 463*
 3 mos+ (see also App. III,
 500) 500*
 tooth, teeth 522.4
 virus NEC, NOS 079.9*
 Inflammation, liver (see also
 Hepatitis) 573.0
 Influenza (virus)(Asian) 470
with:
 cold (and diarrhea) 472*
 diarrhea 473*
and respiratory symptoms
 (upper) 472*
 digestive symptoms only 473
 intestinal, symptoms only 473
 nervous symptoms, but no
 digestive or respiratory
 symptoms 474
 pneumonia (any form) 471
 sore throat (and digestive
 symptoms) 472*
 Ingrowing, ingrown
 hair 704
 nail (finger)(toe)(with
 infection) 703.0
INJURY (current)(see also App. III,
 996, and Vol. 2) 996*
 abdomen, abdominal (viscera)-see
 also INJURY, INTERNAL,
 abdomen, Vol. 2
 muscle or wall 996*
 ankle 996*
 arm (and shoulder) 996*
 back NEC 996*
 brain NEC 854*
 breast 996*
 buttock 996*

INJURY-continued

cheek 996*
 chest-see also INJURY, INTERNAL,
 chest
 wall 996*
 ear 996*
 elbow (and forearm)(and wrist)
 996*
 extremity (upper)(lower) 996*
 eye (lid)(muscle)(globe) 921*
 superficial 910*
 eyebrow 996*
 face (and neck) 996*
 feet 996*
 finger(s) (nail) 996*
 foot (and knee)(and leg)(and
 ankle) 996*
 forehead 996*
 groin 996*
 hand(s)(and fingers) 996*
 head NEC 854*
 heart-see INJURY, INTERNAL,
 heart
 heel 996*
 INTERNAL (see also App. III
 860-869, and Vol. 2) 869*
 chest 862*
 gastrointestinal tract NEC 863*
 heart (with open wound into
 thorax) 861*
 kidney 866*
 liver 864*
 lung (with open wound into
 thorax) 861*
 pelvis 867*
 with fracture, pelvis-see
 Fracture, pelvis
 stomach 863*
 intervertebral disc*
 -3 mos 839*
 3 mos+: code 725.0-725.9,
 by site*
 joint NEC 996*
 3 mos+, with no residual
 specified 996.9*
 kidney 866*
 larynx 996*
 liver 864*
 lung 861*
 mouth 996*
 nail (finger)(toe) 996*

INJURY-continued

neck NEC (and face) 996*
 NERVE (with open wound)(current)
 (see also App. III, 950-
 959, and Vol. 2) 959*
 acoustic 951*
 arm 959*
 lower 953*
 upper 952*
 finger 954*
 following bone injury-code
 bone injury only*
 foot, feet 957*
 forearm 953*
 leg 959*
 lower 956*
 upper 955*
 optic 950*
 sciatic 959*
 thigh 955*
 spinal 959*
 nose 996*
 scalp NEC 996*
 superficial 910*
 skull 803*
 spinal cord (see also Vol. 2)
 958*
 spine NEC 996*
 SUPERFICIAL (with infection)
 (see also App. III, 910-
 918, and Vol. 2) 918*
 ankle (and hip)(and thigh)(and
 leg)(and knee) 916*
 arm 918*
 lower 913*
 upper (and shoulder) 912*
 back 911*
 chest wall 911*
 chin (and other part(s) of
 face, neck or scalp) 910*
 eye, eyelid 910*
 face (and neck or scalp) 910*
 finger(s)(nail) 915*
 foot, feet (and toes) 917*
 hand(s)(except fingers
 alone) 914*
 head 910*
 hip 916*
 knee 916*
 leg, except foot 916*
 multiple sites NEC 918*
 scalp 910*

INJURY-continued

SUPERFICIAL-continued
 shoulder (and upper arm) 912*
 toe(s)(nail) 917*
 tooth, teeth 521.2
 temple 996*
 thigh (and hip) 996*
 toe (nail) 996*
 tooth, teeth 873*
 whiplash-see Whiplash
 Insomnia (due to nerves) 306.4*
 Instability
 emotional (excessive) 306.9
 joint (post-traumatic)(chronic)-
 see ORTH IMP, by site*
 nervous 301.8
 personality (emotional) 301.5
 Irritability, bowel or colon 564.1
 due to nerves 305.5*
 Irritation
 nervous NEC 319*
 skin NEC 686.9*
 allergic-see Allergy, skin*
 Itching (with dry skin) 698.9*
 any site due to:
 allergy-see Allergy, skin*
 nerves 305.0*
 and allergy: ignore nerves*
 anus (rectum) 698.0
 ear(s) 698.9
 eyes (allergic) 360*
 with hay fever 507*
 genital organs 698.1
 other sites NEC 698.9
 washerwoman's 692.4

- J -

Jaundice (yellow)(see also Vol. 2)
 785.2
 newborn NEC 778.9
 postimmunization 999.2
 posttransfusion 999.2
 "Jerks," "jerking" (see also
 App. III, 780.3) 780.3*
 habit (spasm) 306.2*
 limbs NEC-see Trouble, limbs*
 Jitters 319*
 Joint mice-see Loose bodies in
 joint, Vol. 2
 Jungle rot NEC-see Fungus
 infection, skin*

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Keloid (scar) 701.3
 "Kernel" (armpit or groin) 782.7*
 Knock knee (genu valgum) X84
 "Knots," cause and type unknown
 798*
 due to injury, current NEC 996*
 Kyphosis (see also Curvature of
 spine) X80

- L -

Laceration-see also Wound, open
 accidental, complicating surgery
 998.2
 brain (see also Vol. 2) 851*
 internal organ-see Injury,
 internal, by site
 meniscus (knee)(other sites)
 (current): code as for
 Sprain, by site*
 old-see ORTH IMP, by site*
 muscle-see Sprain
 nerve-see Injury, nerve, by
 site
 sites, complicating delivery-
see Vol. 2
 Lack of-see also Loss, lost
 appetite-see Appetite, loss*
 memory-see Forgetfulness*
 "Lame," "lameness," NEC back or
 limbs: code as for
 Trouble of those sites*
 Laryngitis (acute)(viral) 464
 with influenza NEC 472
 chronic 506
 streptococcal 034.0
 "Lazy"
 eye (muscle) 373*
 liver 573.9*
 Leaking heart (see also
 Endocarditis) 424.9*
 "Light hurts eye" 378*
 Limitation, motion, 3 mos+,
 NEC X79
 specified limb or back: code
 ORTH IMP, by site*
 "Limbs," "limping" NEC
 -3 mos. 787.5*
 3 mos+: X79

Lisping (3 mos+) X10
 -3 mos 306.0*
 Locked, locking (old)
 knee X76
 other joints of limbs or back:
see ORTH IMP, by site*
 Loss, lost
 appetite-see Appetite, loss*
 equilibrium (sense) 781.6*
 3 mos+: X13
 extremity-see Absence, by site*
 hearing-see Deafness
 memory-see Forgetfulness*
 mind (see also Psychosis) 299
 organ or part-see Absence, by
 site*
 sensation NEC-see Numbness*
 sense, smell, taste, or touch
 -3 mos 356*
 3 mos+ X12
 teeth, tooth-see Absence, teeth*
 vision-see Manual, Visual
 Impairments*
 voice
 -3 mos 783.5*
 3 mos+: X11
 weight-see Underweight*
 Low
 "blood (count)" NEC 289.9*
 pressure 458.0
 sugar 251
 gammaglobulin 275.1
 metabolism 788.9
 thyroid (acquired) 244
 congenital 243
 "Lumbago," so stated 717.0
 "Lump(s)," cause and type unknown
 798*
 due to injury, current, NEC 996*
 Lymphadenitis, onset unknown 289.3*
 mesenteric, any onset 289.2*
 other sites:
 -3 mos 683*
 3 mos+ 289.1*

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Mallet

finger X87

toe X84

Malnutrition NEC 269.9

with extreme wasting, NEC 268*
protein 267

Malocclusion X92

Mangled or mashed NEC (see also
App. III, 996) 996*

"Mass"-see Vol. 2

Mastitis (acute) 611.0

chronic (cystic) 610

cystic 610

puerperal or any part of
nursing period 678*

Measles (with cold)(with pneumonia)

(old-fashioned)(hard)(bad)

(red)(black)(8-day) 055*

German, French, liberty, or
3-day (with cold) 056*Medicine poisoning (by overdose)
977.9specified drug or substance-
see Table of adverse
effects

Memory, bad-see Forgetfulness*

Meniere's disease 385

with hearing impairment 3 most:
code 385 and the hearing
impairment*

Menopause, menopausal symptoms

(surgical) NEC (see also
Vol. 2) 627*

with

arthritis NEC: code 714.9
and 627*depression (agitated)(psychotic)
296.0, only*

migraine: code 627 and 346*

nerves, nervousness NEC 627 only*

psychosis NEC 299 only*

thyroid conditions: code 627
and the thyroid condition*Menstrual conditions NEC (see
also Vol. 2) 626.9*

with:

migraine: code both*

"nerves": code to 626.0-

626.9 only*, by type

thyroid condition: code both*
excessive 626.2

irregular 626.5

painful 626.3

scanty 626.1

Mental

deficiency or retardation (see
also App. III, 310-315) X19

borderline (I.Q. 68-85) X18

mild (I.Q. 52-67) X18

moderate (I.Q. 36-51) X17

mongolism, mongolian idiot
(congenital) X15.Xprofound NEC (I.Q. under 20)
X16

severe NEC (I.Q. 20-35) X16

"deterioration," "disease," or
"incompetence"-code as for
Psychosis*

"disorder," "disturbance,"

"upset," or "trouble" (see
also Disorder, mental) 300.9*

exhaustion 300.5

Microcephaly (congenital) X93.X

Migraine (headache)(due to nerves
or allergy) 346*

with:

disturbance (temporary) of
hearing or vision: code
346 only*

menopause: code 346 and 627*

menstrual conditions: code 346
and the menstrual dis-
order*sinus conditions: code 346 and
the sinus condition*

"Mind bad"-code as for Psychosis*

Miscarriage-see Abortion,
spontaneous, Vol. 2at 7 months or more-code as for
Delivery*

- "Missing"-see Absence, by site
 Mongolian (idiot), Mongolism X15.X
 Monoplegia
 -3 mos 787.0*
 infants under 3 months (due to
 birth injury) 772.2*
 3 mos+: code as for Paralysis,
 by site and cause*
 "Morning sickness" (with ordinary
 discomfort) 634.Y*
 "abnormal," "persistent," or
 with 1 or more bed days
 638.9*
 with neuritis 638.0*
 Mumps 072
 encephalitis 072
 orchitis 072
 Murmur, heart (functional)
 cause unspecified 427 9*
 Myalgia (pain in muscle) (cause
 unknown)
 -3 mos
 back 728.9*
 low or lumbar 728.7*
 limbs 787.1*
 multiple sites (back or neck,
 and limbs) 787.7*
 neck 728.0*
 rib or "side" 787.7*
 site unspecified 787.7*
 3 mos+: code as for ORTH IMP,
 by site*
 Myocarditis (see also Vol. 2) 428*
with:
 arteriosclerosis 412.9*
and hypertension (benign
 or malignant) 412.0*
 hypertension (benign) 402
 malignant 400.1
 Myopia (congenital) 370*
- N -
- Narcolepsy (due to any past
 disease or injury) 347.0*
 Nasopharyngitis (acute) 460
 chronic or ulcerative 502.1
 Nausea (and vomiting) 536.9*
 "nervous," or due to nerves 305.5*
 pregnancy-see Morning sickness*
 Nearsighted 370*
- Neoplasm-see App. III 140-239,
 and Vol. 2
 secondary-see under Secondary,
 Vol. 2
 Nephritis, onset unknown (see
also App. III, 580-584) 583*
any onset, of any in 580-584,
with:
 arteriosclerosis or hyper-
 tension (benign) 403*
and heart conditions in
 427-429: 404*
 edema 581*
 malignant hypertension 400.3*
 -3 mos 580*
 3 mos+ 582*
 Nerves, nervous, nervousness (bad)
 (disorder) (disturbance)
 (tension) (trouble) (see also
 App. III, 319) 319*
 anxiety 300.0*
 breakdown or collapse (see also
 Disorder, mental) 300.9*
 colon 305.5*
 constipation 305.5*
 cough 783.3*
 depression, depressive (reaction)
 300.4
 diarrhea 305.5*
 due to or caused by:
 arteriosclerosis (brain),
 stroke, or others in
 430-435, 438: code 309.3
and the cause*
 epilepsy: code 309.4 and the
cause*
 menopause: code 627 only
 menstrual disorders-see
 Menstrual conditions
 senility, 65+: code 309.6 only*
 other current diseases or
 injuries-see Disorder,
 mental (nonpsychotic),
 due to, in Vol. 2; and
 App. III, 309
 exhaustion 300.5*
 fatigue 300.5*
 headache 306.8*
 heart 305.3*
 indigestion 305.5*

Nerves, nervous-continued

itching, rash, or skin trouble
305.0*
due to or with allergy: code
to the allergy only*
spasm-see Spasm
stomach 305.5
tic 306.2*
upset 319*
vomiting (frequent) 305.5*
weakness 300.5*
Neuralgia, neuritis (see also
Vol. 2) 355.9
arm 352
back 355.1
brachial (nerve) 352
cheek 355.0
face 351*
facial (nerve) 350
foot 355.1
heart-code as for Disease, heart*
hip 355.1
knee 355.1
leg 355.1
multiple sites having different
code numbers: code to
354*
optic nerve 367
"sciatic" (nerve) 353
shoulder 355.1
thigh 355.1
Node, nodule, cause and type
unknown 798*
thyroid (gland) NEC 241.9
vocal cords 508.3
Nosebleed (epistaxis) 783.0
Numbness (no feeling)(any site)
-3 mos 781.6*
3 mos+: X13

- 0 -

Obesity-see Overweight*
Old age (senility), persons 65+,
(with "forgetfulness")(with
weakness) 794*
causing or with:
nervousness or other non-
psychotic mental
disorder: code 309.6 only*
psychosis: code 290.0 only*

"Open leg," 3 mos+ 707.1*

-3 mos 686.9*

ORTHOPEDIC IMPAIRMENT, NON-
PARALYTIC, NEC 3 MOS+
(weakness)("trouble")
(pain)(stiffness)-see also
Manual, Non-Paralytic
Orthopedic Impairment

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
"due to nerves"-ignore nerves*
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
jaw X92
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

ORTHOPEDIC IMPAIRMENT-Continued

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
 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
 Osteoarthritis ("crippling")
 (degenerative) 713.0*
 spine 713.1*
 Otosclerosis (see also Manual,
 Hearing Impairment) 386*
 Overactive thyroid 242.2
 Overeating (see also Diet
 problems) 278.9*
 Overexertion 790.1*
 Overtired 790.1*
 Overweight-see also App. III, 277*
 any onset, due to:
 glands NOS 258.9*
 thyroid (low) 244*
 nerves NOS 305.5*
 overeating 278.9*
 cause unknown:
 -3 mos 277*
 3 most+: X96.0
 familial or hereditary
 -3 mos 277*
 3 most+: X96.Y

- P -

PAIN, site unspecified 788.9*

Note: For Pain, 3 most+, referable
 to back, joints, limbs, see ORTH
 IMP, by site.*

abdomen 785.5
 ankle 787.3*
 arch 787.1*
 3 most+ X82
 arm (muscles) 787.1*
 back (muscles) 728.9*
 due to "nerves"-ignore
 nerves*
 low 728.7*
 breast 786.7
 chest 783.7
 muscles of 787.7*
 ear 384.9
 elbow 787.3*
 eye 378*
 face, facial 351*
 finger 787.1*
 flank 787.7*
 foot 787.1*
 gas (intestinal) 564.9*
 stomach 536.9*
 groin 787.7*
 hand 787.1*
 head (see also Headache) 791
 heart 782.0
 hip 787.3*
 intestines (any part) 785.5*
 jaw 787.7*
 3 most+ X92
 joint(s) of limb(s) 787.3*
 due to "nerves"-ignore
 nerves*
 knee 787.3*
 leg (muscles) 787.1*
 maxilla-see Pain, jaw
multiple sites in 787 (with
 swelling)(with stiff-
 ness) 787.7*
 muscle NOS 787.7*
 neck (muscles) 728.0*
 rectum 569.2
 rib 787.7*
 shoulder 787.3*
 "side" 787.7*
 stomach 785.5*
 tongue 529.6

Palpitation, heart 427.9*
 due to nerves 305.3*
 Palsy-see also Manual, Paralysis,
 Complete or Partial, and
 App. III, 343, 344, 350-358*
 Bell's, 3 mos+: X60
 -3 mos 350*
 bulbar (progressive) -348.1
 "cerebral" (any type)(any
 onset) X50
 "since birth" X50.X
 "infantile"-see Palsy, cerebral
 "shaking" (Parkinson's)(arterio-
 sclerotic) 342
 postencephalitic (viral) 066*
 Paralysis
 agitans (any onset)(Parkinson's)
 (arteriosclerotic) 342
 postencephalitic (viral) 066*
 "infantile"-see Poliomyelitis
onset -3 mos, with cause:
known: code cause only*
unknown (complete or partial):
one arm, leg, hand, finger,
 foot, toe 787.0*
 spine or spinal NOS 349.5*
 two or more extremities 438.9*
 other sites (bladder, face,
 larynx, etc.)-see
 Vol. 2
 onset 3 mos+ (residual)(complete)
 (permanent). See Paralysis,
 partial, below, for Partial
 paralysis. See also Manual,
 Paralysis, Complete or
 Partial, and App. III, 343, 344,
 349, 350-358, 430-435, 438.*
 ankle X43
 anus (sphincter) X61
 with paralysis, legs X46
 arm, one, except fingers only X40
 both arms X41
 Bell's X60
 bladder (sphincter) X61
 with paralysis, legs X46
 entire body X48
 Erb's (arm) X40
 face X60
 feet (and legs) X44
 finger(s) only X42
 foot, one, except toe(s) only X43

Paralysis-continued
onset 3 mos+-continued
 hand, one, except fingers
 only X40
 both hands X41
 "infantile" (residual): code
 by site in X40-X69, with
 4th digit "2"
 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
 multiple sites-see Manual,
 Paralysis, multiple sites
 shoulder X49
 "side," upper and lower (left
 or right) X47
 site not specified X49
 spine, spinal (cord) X49
 three or more major members X48
 throat or tongue X69
 with speech impaired X11
 toe(s) only X45
 trunk NEC X49
 with both legs X44
 vocal cord X69
 with speech impaired X11
partial, onset 3 mos+
 ankle X52
 anus (sphincter) X61
 arm(s) and/or finger(s) X51
 bladder X61
 entire body X54
 face X60
 feet, foot X52
 and leg(s) X52
 finger(s) and/or arm(s) X51
 hand(s) and/or 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
 site not specified X59
 spine, spinal (cord) X54
 three or more major members X54
 throat or tongue X69
 with speech impaired X11

- Paralysis-continued
partial, onset 3 mos+-continued
 toe(s) X52
 trunk NEC X54
 and arm(s) and/or leg(s) X54
 vocal cord X69
 with speech impaired X11
 Paraplegia, paraplegic (3 mos+) X44
 with bladder or anal sphincter
 involvement X46
 Paresis-see Paralysis, partial, by
 site*
 Parkinson's disease-see Paralysis,
 agitans
 Penicillin, adverse effect (allergic)
 (current)(old) 960.0
 applied to skin 692.3*
 Perforated or punctured eardrum
 387.2*
 traumatic 3 mos+ (see also
 App. III, 387.2) 387.2*
 -3 mos (see also App. III,
 872) 872*
 Phlebitis NEC 451.9
 lower extremities 451.0
 Pigeon
 breast X89
 toe X84
 Piles (hemorrhoids) 455
 "Pinched" nerve (old)(spinal) (see
 also Compression, nerve,
 Vol. 2) 357.9
 cranial (in head) NEC 356
 current injury-see Injury, nerve
 due to "disc" conditions-see "Disc"*
 optic 377*
 traumatic, old: code to appropri-
 ate disease category
 Pink eye 360
 Plate (in)
 head or skull, 3 mos+: X93
 or pin, in extremities with:
 fracture-code as for Fracture
 no disability or effects-don't
 code*
 with disability or effects, see
 orthopedic impairment*
 Pleurisy NEC 511.0
with:
 influenza 472
 pneumonia: code to pneumonia,
 by type*
- Pneumoconiosis (see also Vol. 2)
 515.9
 coal miner's 515.1
 with tuberculosis 010
 dust NEC 516.1
 fumes (from silo) 516.2
 Pneumonia NEC (see also Vol. 2;
 and App. III, 480-486) 486*
with:
 cold: code to pneumonia, by
 type*
 influenza 471
 pleurisy: code to pneumonia,
 by type*
 allergic 519.2
 asthmatic 493*
 viral, virus 480
 with influenza 471
 Poison ivy, oak, sumac, other
 plants (allergic) (occupa-
 tional) 692.6*
 Poisoning (by)
 carbon monoxide 986
 drugs and other chemical sub-
 stances (ingested)
 (inhaled) in 960-989 -
 see also Table of adverse
 effects
 food NEC (bacterial) (infected)
 005.9
 naturally toxic NEC 988.9
 noxious mushrooms 988.1
 noxious plants NEC 988.2
 noxious shellfish 988.0
 insect 989.4
 lead 984
 ptomaine NEC 005.9
 snake 989.4
 substances in contact with skin,
 causing rashes, eczema,
 hives, dermatitis, etc:
 code as for Dermatitis; see
 also App. III, 692, and 708.*
 sun (allergic) 692.8*

- Poliomyelitis (acute)(active)(see also Vol. 2) 043
 bulbar 040
 nonparalytic 042
 old or inactive, 3 mos+
 with:
 paralysis: code by site under Paralysis*
 other impairments-see type specified*
- Polyp-see also Vol. 2
 colon 211.3
 ear (middle) 387.9
 larynx (mucous) 508.1
 nasal cavity, septum or sinus 505
 ovary 220.9
 rectum 211.4
 uterus (cervix) 219.0
 vocal cord (mucous) 508.1
- Poor vision-see Manual, Visual Impairments*
- Postnasal drip-see Sinusitis*
- Posture, poor (constituting a condition) X89
 causing other conditions: code the latter, only*
- Pregnancy-see also Vol. 2 before delivery
 with:
 anemia, arising in pregnancy 633.9
 hemorrhage NEC 632.9
 threatened abortion 632.3
 hypertension, (arising in pregnancy) 637.0
 minor complaints (headaches, backaches, frequent urination) 634.Y*
 varicose veins 634.9
 vomiting (mild) 634.Y*
 pernicious, serious 638.9
 with neuritis 638.0
 "normal"-do not code*
 with delivery: code Delivery only*
- Prematurity NEC 777
- Pressure on nerve-see Pinched nerve*
- Prickly heat 705.1
- Prostration, nervous 300.5
- Pruritus-see Itching*
- Psoriasis 696.1
 arthropathic or with arthritis, any form 696.0*
 mouth 528.6
- Psychosis (see also Vol. 2 and App. III, 290-299) 299*
 due to or associated with:
 alcoholism NEC 291.9*
 delirium tremens 291.0*
 drug addiction 294.3*
 menopause NEC 299*
 presenility 290.1*
 senility NEC 290.0*
- Ptomaine poisoning NEC 005.9
- Ptosis (eyelid)(congenital) 378*
- Puerperal conditions, within 2 months after delivery-see also Vol. 2*
 with delivery-code the Delivery only*
 hemorrhage following delivery, new admission 677.2*
 retained placenta (fragments) 677.1*
 infection 670
 breast, anytime during nursing period 678*
 minor complaints (headache)(backache) 677.8*
- Pulled muscle-code as for Sprain
- Pus (in)-code as for Infection*
 urine 789.1
- Pylorospasm 537.0*
 due to nerves 305.5*
 infantile or congenital 750.1
- Pyorrhea 523.4
- Q -
- Quadriplegia, 3 mos+: X48
- R -
- Rapid heart 427.9*
 due to nerves 305.3*
- Rash (cause or source not stated) (skin) 788.2*
 allergic (see also Allergy) 692.9*
 diaper 692.9
 drug (see also Table of adverse effects) 977.9
 applied to skin 692.3

Rash-continued

due to:
 nerves 305.0*
 and allergy: ignore nerves*
 "shots"-see Allergy, any, due
 to "shots"*
 specified substances-see
 Dermatitis, due to
 food NEC 692.5
 heat 705.1
 napkin 692.9
 nettle-see Hives*
 serum (prophylactic)(therapeu-
 tic) 999.5
 Refusal of food NEC 306.5
 Rejection
 food NEC 306.5
 transplant, any organ 997.7
 Retardation, mental-see Mental
 deficiency*
 Retina, retinal disease NEC (see
 also Manual, Visual
 Impairments) 377*
 detachment 376*
 hemorrhage 377*
 inflammation 367
 Retinitis 367
 pigmentosa 377*
 Retrolental fibroplasia 377*
 Rh (factor)(incompatibility)
 affecting newborn 775.0
 noted during pregnancy 634.5
 with delivery-code delivery
 only, as reported*
 Rheumatic
 fever-see also App. III, 390-399*
 with:
 rheumatic heart NEC
 onset -3 mos 391.9*
 onset 3 mos+: 398*
 without rheumatic heart
 with 1 or more bed days,
 past year 390*
 with no bed days, past year
 (old)(history) 399*
 heart disease NEC
 -3 mos 391.9*
 3 mos+ 398*
 Rheumatism (acute)(chronic) NEC 718
 joint (chronic) NEC 714.9
 muscular 717.9

 Ringing in ears
 -3 mos 387.9*
 3 mos+: code as for Impaired
 hearing in X-Code
 "Rising" in ear-see Infection, ear*
 Rose fever (see also Hay fever) 507*
 Running, runny
 ear-see Infection, ear*
 nose 508.9*
 allergic 507*
 sore, 3 mos+, of leg 707.1*
 -3 mos 686.9*
 Rupture, ruptured 551.9
 blood vessel (see also
 Hemorrhage) 458.9
 cartilage, current-see Sprain,
 by site*
 knee (semilunar) 844*
 old X76
 disc-see "Disc"*
 ear drum 387.2
 traumatic
 -3 mos 872*
 3 mos+ 387.2*
 ligament or tendon, current-see
 Sprain, by site*
 3 mos+: code to ORTH IMP, by
 site*
 other sites-see Vol. 2 under
 Rupture

- S -

 Scar (painful)(tender)(contracting)*
 cornea, acquired or congenital
 371*
 ear drums (3 mos+) 387.2*
 facial disfigurement (chin, ears,
 face, lips, mouth, nose)
 X90
 keloid (any site) 701.3
 limbs, neck, back, trunk
 (external)-code as for
 Deformity of those sites*
 lung (base) 519.2
 Sciatica 353
 Scoliosis (see also Curvature of
 spine) X80
 Scratch-see Injury, superficial
 Seizures-see Convulsions*

- Senile, senility (with weakness)
 (with forgetfulness) (see
 also App. III, 794) 794*
 with
 depression 309.6*
 nonpsychotic mental changes 309.6
 psychosis 290.0
- "Sensitive"-code as for "Pain"*
 scar-see Scar*
- Shingles 053.9
 abdomen 053.2
 ear 053.1
 eye 053.0
 face, except eye 053.1
 specified site NEC 053.9
 trunk 053.2
- Shock 782.9
 due to
 "shots" (preventive)(serum)
 (vaccine) 999.4*
 of drugs in 960-979-see
 Table of adverse
 effects*
 emotional 307*
 nervous or mental 307
 paralytic-see Stroke*
 postoperative 998.0
 surgical 998.0
 traumatic-code nature of
 injury only*
- Shortened, shortness
 Achilles tendon X84
 breath 783.2
 leg or arm-code as for
 Deformity, by site*
- Sinusitis (chronic) (see also Vol. 2)
 503.9
 with or due to:
 allergy, any sinus 507*
 deviated septum 504*
 migraine-code 346 and the
 sinusitis*
 acute 461.9
 with
 cold, acute 465*
 influenza 472*
- Skin
 "adolescent"-code as for Acne*
 dry (see also Disease, skin,
 dry) 701.4*
 "irritation" NEC 686.9*
 "Skinned"-see Injury, superficial*
- Sleep disorder or disturbance
 306.4*
- Sore, soreness
 eye 369*
 indicating infection-see
 Infection*
 muscle-code as for Myalgia*
 "open" or "running" (skin),
 3 mos+: code as for
 ulcer, skin*
 -3 mos: code as for Infection,
 skin*
 throat, acute (viral) 462
 with:
 cold, acute 465*
 influenza 472
 chronic 502.0
 "strep" 034.0
- Spasm(s) (muscles), site unspecified,
 (see also App. III, 780.3)
 780.3*
 colon 564.1
 due to nerves 305.5*
 eyelid 306.2*
 face or facial 351*
 habit 306.2*
 habit, or tic, any site 306.2
 heart-see Angina
 larynx 508.3
 due to nerves: ignore nerves*
 limbs, back, trunk NEC-code as
 for Trouble of those
 sites*
 pylorus-see Pylorospasm*
 retinal (artery) 377*
 sacroiliac (old) X70
 stomach 536.1
 due to nerves 305.5*
 throat 508.9
 due to nerves: ignore nerves*
 tongue 529.9*
- "Spastic" (muscles)*
 colon-see Spasm, colon
 since birth: code as for Cerebral
 palsy*
 stomach-see Spasm, stomach
 unspecified site, or of limbs,
 back, trunk, and not since
 birth, 3 mos+: code as for
 Paralysis, partial of those
 sites*

- Speech defect, disorder, disturbance, impediment, NEC*
with cleft palate X91.X
-3 mos 306.9*
stammering, stuttering 306.0*
3 mos+: X11
stammering, stuttering X10
- Spina bifida (congenital) X81.X
- Split, splitting
lip, congenital X91.X
with cleft palate X91.X
nails 703.9
- "Spots on skin" NEC 709.9*
- Sprain, strain (cartilage)(joint)
(ligament)(muscle)(tendon)
848*
chronic, 3 mos+ or old:
jaw X92
limbs, back, trunk-code to
ORTH IMP, by site*
current (-3 mos)(see also Vol. 1,
page 400; Vol. 2, Sprain;
and App. III, 840-848) 848*
with open wound-code to Wound,
open
ankle (and foot) 845*
arm (upper)(and shoulder) 840*
lower (forearm) 841*
back or spine NEC 847*
lumbar 847*
sacroiliac or lumbosacral 846*
collar bone 840*
finger(s) 842*
foot 845*
hand 842*
hip (and thigh) 843*
knee (cartilage)(tendon) 844*
leg 844*
multiple sites except fingers
alone or toes alone 848*
neck 847*
rib (cage) 848*
sacroiliac 846*
shoulder (and upper arm) 840*
thigh (and hip) 843*
toe(s) 845*
vertebrae (dorsal)(lumbar)
(sacral)(thoracic) 847*
wrist 842*
- Sprengel's deformity (congenital)
X86.X
- Stammering, 3 mos+: X10
-3 mos 306.0*
- Stiffness
chronic, 3 mos+ or old:*
jaw X92
limbs, back, trunk NEC-code
to ORTH IMP, by site*
"permanent"-code to
Deformity, by site*
current, -3 mos: code as for
Pain, -3 mos, by site*
- Sting (animal)(bee)(fish)(insect)
(jellyfish)(Portuguese man-
o-war)(wasp)(venomous) 989.4
plant 692.6
- Stitch
abscess 998.5
burst (in operation wound) 998.3
meaning pain*
in back NEC 728.9*
other sites-code as for Pain*
- Stone(s)(calculus)-see also Vol. 2
bladder 594
kidney 592
ureter 592
- Strabismus (cross eye) 373*
- Strep throat (with cold) 034.0*
- "Stroke" (with arteriosclerosis NEC)
(see also App. III, 430-435.
438) 438.9*
- with:
hypertension (benign) 438.0*
malignant 400.2*
nonpsychotic mental disorders,
or psychosis, due to it-
see Arteriosclerosis,
brain, with these condi-
tions*
paralysis or other impairments,
3 mos+: code to the X-Code,
by type and etiology.
Code "stroke" also.*
- Stuttering, 3 mos+: X10
-3 mos 306.0*
- Sty, stye 362
- Sun poisoning (allergic) 692.8*
- Sunburn 692.8
- Sunstroke, current 992.0*

- Swelling, swollen-site not specified 788.9*
 any site, due to allergy-code to the allergy only*
 abdomen 785.0*
 extremities
 -3 mos 787.2*
 3 mos+: code to ORTH IMP, by site*
 glands (lymph)(any onset) 782.7*
 joints of limbs
 -3 mos 787.4*
 3 mos+: code to ORTH IMP, by site*
 stomach 785.0*
 Synovitis-code as for Bursitis*
- T -
- Tachycardia 427.9*
 due to nerves 305.3*
- Tear, torn (traumatic)-see also
 Wound, open
 cartilage-see Sprain*
 flesh NEC-see Wound, open*
 internal organ (abdomen, chest, or pelvis)-see Injury, internal, by site
 ligament-see Sprain
 meniscus (knee)-see Sprain*
 muscle-see Sprain
 tendon-see Sprain
- Teething (syndrome) 520.7
 with cold, acute 460*
- Tendinitis, tendonitis, teno-synovitis-code as for Bursitis*
- Tension
 headache 306.8
 nervous 319*
 "state" 300.9
 "Tetter" 709.9*
- Threatened abortion or miscarriage (without delivery) 632.3
with:
 abortion or miscarriage-see Abortion, Vol. 2
 delivery-code the delivery only*
- Thrombosis (vein)(see also Vol. 2) 453*
 "artery"-see Vol. 2
 brain or cerebral (any onset) (see also App. III, 430-435, 438) 433.9*
 coronary (artery), heart, or myocardium (any onset) (arteriosclerotic)(see also App. III, 410-414) 412.9*
with hypertension (benign) (malignant) 412.0*
 eye 377*
 leg 453*
 lung 450
 retina 377*
- Tibial torsion X84
 Tic (habit)(nervous)(facial) (eyelid) 306.2*
 douloureux 351
 "Tired blood" 289.9*
 Tonguetie X11.X
 Tonsillitis or tonsils "bad," "diseased"*
 -3 mos 463*
with:
 cold, acute 465*
 influenza 472
 3 mos+ 500*
- Tooth, teeth "bad," decayed 521.0*
 Toothache, cause not specified 525.8*
- Torticollis (contracture, neck)
 -3 mos 728.0*
 3 mos+: X86
- Trachoma (active)(acute)(chronic) 076*
 chronic, with visual impairment: code 076 and the visual impairment*
 healed, with visual impairment, code visual impairment only*

- Tremor, trembling (muscle)
 (nervous) site and cause
 unknown (see also App. III,
 780.3) 780.3*
 any site, 3 mos+, due to stroke
 and other paralytic
 diseases: code to Paralysis,
 partial, by site*
 due to old age, 65+: 794*
 Parkinson's-see Paralysis,
 agitans*
 specified sites NEC-code as for
 Spasm of those sites*
- Trick knee X76
- "Trouble"-see also Disease (of)
 any onset, "female" NOS 629.Y*
 -3 mos, cause unknown:
 back (muscles) 728.9*
 low or lumbar 728.7*
 hearing 387.9*
 jaw 787.7*
 joint(s) of limb(s) 787.3*
 limb(s) 787.1*
 multiple sites, back or neck, and
 limbs 787.7*
 neck 728.0*
 rib(s) 787.7*
 seeing 378*
 speech NEC 306.9*
 walking NEC 787.5*
- 3 mos+:
 back, limbs, neck, trunk-see
 ORTH IMP, by site*
 hearing NEC: code as for Deafness*
 jaw X92
 multiple sites, back or neck and
 limbs-see ORTH IMP, multiple*
 rib(s) X79
 seeing-see Manual, Visual
 Impairments*
 speech NEC X11
 walking NEC X79
- Tuberculosis (lung)(pulmonary)(see
also Vol. 2) 011.9
 arrested (pulmonary)(any site) 137*
 nonpulmonary, not arrested-see
 Vo. 2, by site
- Tumor (see also App. III, 140-239,
 and Vol. 2) 239.9*
- "Twitching"-code as for Tremor*
- U -
- Ulcer (see also App. III, 707,
 and Vol. 2) 707.9*
 decubitus (any site) 707.0
 duodenal 532.9
with:
 hemorrhage 532.0
 and perforation 532.2
 perforation 532.1
 and hemorrhage 532.2
 gum 523.1*
 leg or lower extremity 707.1
 with gangrene 445.9
 arteriosclerotic 445.0
 decubitus (from pressure)
 707.0
 varicose 454.0
 mouth 528.9
 nose, nasal (passage)(septum)
 502.1*
 varicose 456.9
 peptic (with hemorrhage)(with
 melena)(site unspecified)
 533.9
 perforating 533.0
 skin (chronic)(see also Vol. 2)
 707.9
 lower extremity-see Ulcer,
 leg, above
 stomach 531.9
with:
 hemorrhage 531.0
 and perforation 531.2
 perforation 531.1
 and hemorrhage 531.2
 tooth 525.9*
 varicose (leg) 454.0
 Underactive thyroid (acquired) 244*
 congenital 243*
 Underweight-see also App. III, 269.9*
 any onset or degree, due to:
 cancer or other active disease:
 code the cause only*
 "nerves" NEC 305.5*
 refusal or rejection of
 food 306.5*
 extreme, due to malnutrition 268*
 3 mos+, cause unknown X97.0

Underweight-continued

not extreme, or degree not specified:

- 3 mos
 - cause not stated 269.9*
 - due to malnutrition 269.9*
- 3 mos+
 - cause not stated X97.0
 - due to malnutrition 269.9*

Unstable

- colon 569.9
- joint of limbs, or of back or spine (lumbosacral)(sacroiliac)(neck region)-code as for Trouble of these sites*

Upset

- emotional 307
- gastrointestinal 536.9
 - due to nerves 305.5*
 - virus 008.9
- intestinal (large)(small) 564.9
 - due to nerves 305.5*
 - virus 008.9
- mental 300.9
- "nervous" 319*
- stomach 536.9
 - due to nerves 305.5*
 - with acidity 536.0*
 - due to nerves 305.5*
- Urination (difficult)(painful) 786.0
 - frequent 786.3
 - due to nerves 305.6*
 - scanty 786.5
 - uncontrolled (child)(adult) 306.6*
- Urine, abnormal NEC 789.9
 - albumin in 789.0
 - blood in 789.3
 - cloudy NEC 789.9*
 - pus in 789.1
 - retention 786.1
 - due to nerves 305.6*
 - sugar in 789.5
- Urticaria (allergic)(non-allergic) (any site)(see also Hives) 692.9*
 - papulosa (Hebra) 698.2
 - perstans or pigmentosa 757.2

- V -

- Vaccination complication or reaction NEC 999.5*
 - "infection" 999.3*
- Vaccinia-see App. III, 999.0*
 - without vaccination 051
- Varicose veins (infected)(lower extremity) 454.9
 - with ulcer 454.0
 - complicating pregnancy (undelivered) 634.9
 - following childbirth, within 2 months 677.9*
 - infected 671.0*
 - other specified sites-see Vol. 2
- Virus, viral (infection) 079.9*
 - chest 519.9
 - cold-see Cold
 - diarrhea (with cold) 008.9*
 - influenza-see Influenza
 - intestinal 008.9
 - with cold 008.9*
 - lung 480
 - pneumonia 480
 - with influenza 471
 - sore throat 462
- Vision, "blurred," "half," "poor," "trouble with"-see Manual, Visual Impairments*
 - "double," any onset (see also Manual) 373*
- Voice change or loss
 - 3 mos 783.5*
 - 3 mos+: X11
- Vomiting (bilious) 536.9*
 - allergic 535
 - blood 784.5
 - frequent or pernicious 536.9
 - in pregnancy (abnormal) 638.9
 - with neuritis 638.0
 - "nervous" or due to nerves 305.5*
 - pregnancy (mild) 634.Y*
 - "normal"-do not code*
- Vulvitis (allergic)(acute)(chronic) (see also Vol. 2) 622.1

- W -

- Walking difficulty
 -3 mos NEC 787.5*
 3 mos+ NEC: X79
 due to nerves: ignore nerves*
- Wart (common)(viral) 079.1
 senile 216.0
- Washerwoman's itch (allergic) 692.4*
- Wasting, extreme, due to
 malnutrition 268*
 3 mos+, cause unknown X97.0
- Water on knee 729.8
- Watering, eyes 378*
 allergic 360*
 with hay fever-see Hay fever
- Wax in ear 387.1
- Weak, weakness
Note: For paralytic weakness,
 3 mos+, see Paralysis, partial.
 For weakness NEC, 3 mos+, of
 back, joints, limbs-see ORTH IMP,
 by site.*
- site and type unspecified (all
 over)(general) 790.1
 of newborn 778.9
 65+ (old age) 794*
 arches (acquired)(congenital)
 (chronic) X82
 back -3 mos 728.9*
 low or lumbar 728.7*
 "bladder" or "kidney" (child)
 (adult) 306.6*
 eyes NEC (see also Manual,
 Visual Impairments) 378*
 eye muscles 373*
 heart (muscle) or cardiac 429.9*
 joints of limbs -3 mos 787.3*
 limbs (muscles) 787.1*
 mind (mental retardation, mild) X18
 myocardium 429.9*
 nervous NEC 300.5*
- Webbed fingers X87.X
 Webbed toes X84.X
- Weight
 gain-see Overweight*
 loss-see Underweight*
- Wheezing 783.2
 allergic-see Asthma *
- Whiplash injury (neck) 847*
 3 mos+, effects NEC X71
- Whooping cough NEC (with cold)
 (with pneumonia) 033.9*
- Worn out (see also Weakness) 790.1*
- Worry (see also App. III, 319) 319*
- Wound, open (cut)(laceration)(-3 mos)
 (complicated)(with foreign
 body)(with infection)(see
 also Vol. 1, page 407;
 Vol. 2, Wound, open; and
 App. III, 870-907) 907*
 with foreign body, 3 mos+
 (residual or old) having
 entered through open
 wound 733.6*
 3 mos+, with no residual speci-
 fied: code by site to
 870.9*-907.9*
- abdomen, abdominal (external)
 (muscle)(wall) 879*
- ankle 891*
- arm 884*
 forearm (lower) 881*
 upper 880*
- back 876*
- breast 879*
- chest (wall)(external) 875*
- chin-see Wound, open, face
- ear (auricle)(external) 872*
 drum 872*
 3 mos+ 387.2*
- eye(s)(lid)(muscle)(globe) 870*
- eyebrow-see Wound, open, face
- face (except ear and eye)
 (multiple sites) 873*
- feet 901*
- foot (any part except toe(s)
 alone) 892*
- forearm 881*
- forehead-see Wound, open, face
- groin 879*
- hand 882
- head NEC 854*
 minor laceration or cut 873*
 scalp 873*
- heel 892*
- hip 890*
- jaw (fracture not involved)-see
 Wound, open, face

Wound, open, etc.-continued

knee 891*
leg (except thigh)(multiple) 891*
mouth-see Wound, open, face
multiple sites NEC-see Vol. 2
neck 874*
scalp 873*
shoulder (and upper arm) 880*
skin NEC 907*
thigh (and hip) 890*
throat 874*
toe(s)(nail)(subungual) 893*
trunk (multiple)(specified part)
NEC 879*