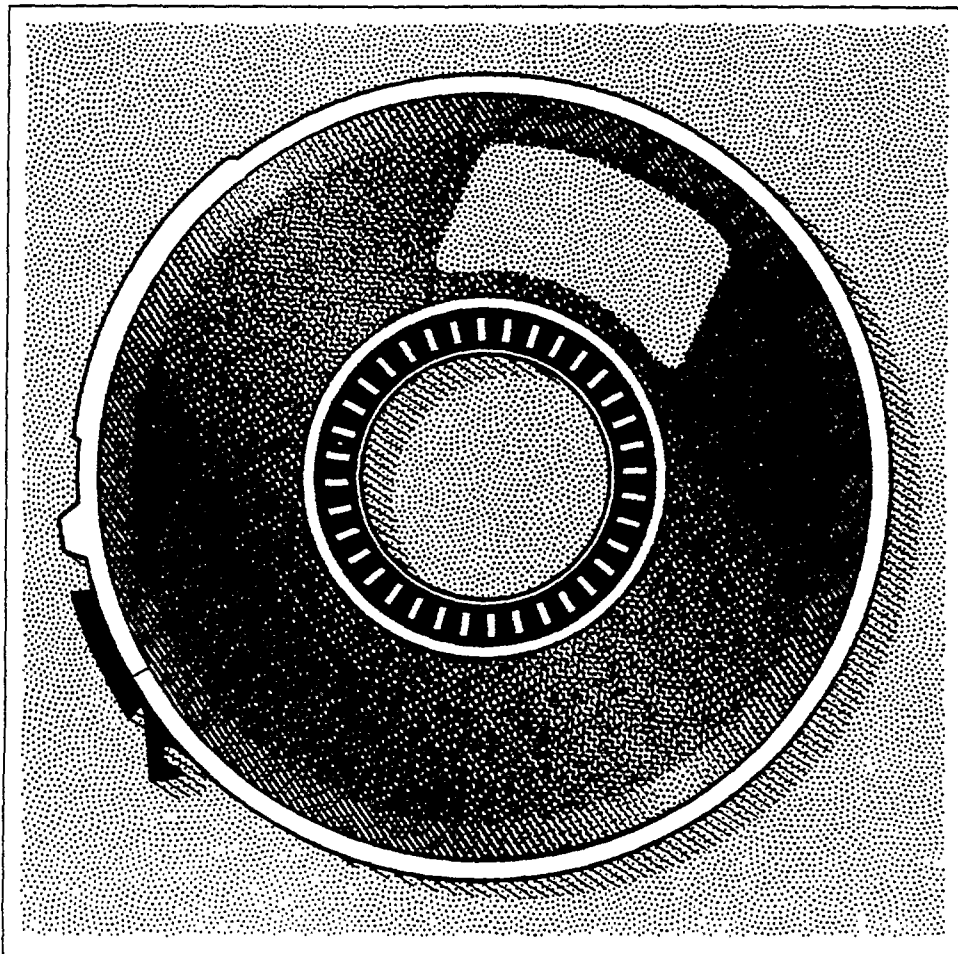


Public Use Data Tape Documentation-Part III

Medical Coding Manual and Short Index

National Health Interview Survey
1983



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
National Center for Health Statistics

Hyattsville, Maryland
October 1985

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SECTION I. INTRODUCTION AND ORIENTATION GUIDES

A. The Health Interview Survey

Approximately 40,000 interviews are conducted over the course of a year, with households located in each 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. Since then several amendments have been made to the initial legislation. Currently the survey is authorized by the Public Health Service Act 95-623.

The Health Interview Survey, with other divisions of the National Center for Health Statistics, is a part of the Department of Health and Human Services. 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 coding plays a very important part in the success of the Health Interview Survey. All of the information on the questionnaire about diseases, injuries, accidents, deliveries, and operations must be translated into numerical symbols. 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 illness or disability is derived from the Ninth Revision, International Classification of Diseases (ICD-9), 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 HIS modification, listed in Appendix II. This modification is consistent with the ICD-9 Clinical Modification.

D. Appendix III

Appendix III contains the modifications which have been made to ICD-9 for the purpose of coding HIS condition data. It lists in numerical order all diagnostic categories in 001-999 which have been changed, moved, deleted, or added by HIS.

E. 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 Appendices 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 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. When the diagnostic code is found, in either the Short Index or Volume 2, the coder must then check Volume 1 for inclusions and exclusions. A final reference must always be made to Appendix III in order to determine if any modifications have been made by HIS to the category. If the term does not appear in the Short Index or Volume 2, then the coder should refer the case to the supervisor.

SECTION I. INTRODUCTION AND ORIENTATION GUIDES

- F. Abbreviations and References To save space in the Manual hereafter, and in the Short Index, abbreviations are used freely.
1. Organizations

HIS	Health Interview Survey
NCHS	National Center for Health Statistics

 2. Certain Classifications and References To Them

ICD	International Classification of Diseases
CM3	ICD-9 Clinical Modification Volume 3
E-Code	External Cause of Injury Classification of ICD; not used for HIS
V-Code	Supplementary Classifications of Factors Influencing Health Status and Contact with Health Services; not used for HIS
X-Code	X-Code for Special Impairments (X00-X99)
Vol. 1	Tabular list of ICD
Vol. 2	Alphabetical Index of ICD
001-779	Used in various discussions to indicate the span of numbers of ICD from 001 through 779, constituting the main body of the classification for diseases.
780-799	The span of numbers for certain symptoms, signs and ill-defined conditions.
800-999	The span of numbers for injuries and adverse effects.
X00-X99	The span of numbers for special impairments.

 3. Certain Parts of the Questionnaire and Booklet

Col	Column
Cond. Page	Contains facts about accidents, diagnoses, medical care, disability, dates first noticed, etc.
Hosp. Page	Where hospital admissions are recorded.

 4. Time of Onset of a Condition

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

 5. Other Abbreviations in Manual and Short Index

NOS	Not otherwise specified, or so stated-in reference to a medical term.
NEC	Not elsewhere classified in a particular listing or some other place in the various classifications-in reference to a medical term.
App.	Appendix
ORTH IMP	Orthopedic impairment of the lesser kinds in X80-X89-not paralysis and not deformity; "See ORTH IMP," in the Short Index, is a referral to the listing under Orthopedic Impairment NEC.
OP	Operation: "See OP NEC" is a referral in the Short Index, to the listing under Operation, NEC.

G. Training
Preliminary
To Coding

Persons new to medical coding should be given an extensive preview of the main classes of diseases and injuries of ICD, in Vol. 1, and must be thoroughly prepared to recognize all departures from ICD as shown in Appendix III of this Manual. WHETHER THE CODER IS EXPERIENCED OR INEXPERIENCED, THE IMPORTANCE OF KNOWING WHAT IS IN APPENDIX III CANNOT BE OVEREMPHASIZED.

1. ICD
3-digit
categories

Review the listing on pp. 3-45, 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 V-Codes of ICD are not used by HIS.

2. Comparing
the Tabular
List, Vol. 1,
with
Appendix III

The Tabular List begins on p. 49 of Vol. 1. 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 001 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.

3. Vol. 2

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. References to the E-Code and V-Code may be read but neither of these codes are used by HIS.

Attention is called to the special use of parentheses, page X, 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. 338, 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.

SECTION I. INTRODUCTION AND ORIENTATION GUIDES

G. Training
Preliminary
To Coding
Continued

4. Dagger-
Asterisks
- Dagger, asterisks († / *) are used to designate the "etiology" code and "manifestations" code respectively for terms subject to dual classifications. See under "code numbers" p. IX of Vol. 2 for further explanation. For HIS, only the dagger codes will be used.
5. Appendix II
- For HIS, operations on the Hospital Page are coded according to a classification of operations listed in Appendix II and ICD-9 CM3. Study Appendix II to become acquainted with the terms used and the parts and structures included in the various systems of the body.
6. Appendix I
- Appendix I (X-Code for Special Impairments) should be read and discussed during the orientation period.

SECTION II. CLASSES OF CHRONIC AND ACUTE CONDITIONS

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.

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 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 mos and due to drugs (995.2), bee sting (989.5), venomous bites (such as snake and spider) (989.5), chemicals (989.9), procedures in 996-999, to contactants (including sunburn) in 692 or substances taken internally (693) or radiation (990).

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 366)

Cerebral palsy (and synonyms) (as in 343)

Cerebrovascular disease (as in 430-435, 437)

Cirrhosis of liver

Clawfoot

Cleft palate

Clubfoot

Color blindness (in 368.5)

Congenital condition, any

Coronary condition (as in 413-414)

Cyst, any site or type

Deafmutism; other total deafness in X05

Detachment of retina (in 361)

Diabetes, any form

Drug addiction or dependence (as in 304)

Emphysema

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

Flatfoot, fallen arches

Glaucoma, any type or origin (as in 365)

Goiter

Gout, any type or cause

"Growth" (in) (on) any site

Harelip

Hay fever (any synonyms) (as in 477)

Heart or cardiac disease, any type or cause

Hemeralopia (day blindness) (in 368.1)

SECTION II. CLASSES OF CHRONIC AND ACUTE CONDITIONS

C. <u>Selected</u> <u>Conditions</u> <u>Coded "1",</u> <u>Regardless</u> <u>of Onset</u> <u>continued</u>	<p>Hemorrhoids (piles) Hernia (or "rupture") (as in 550-553) Hypertension, <u>except</u> that arising in current pregnancy Loss--See Absence, pg. 7 Mental deficiency, or retardation (as in X19) Mental disorders of types in 300-306 (except 305.0), 310, 312-316 Mole (pigmented) (nonpigmented) (benign) (malignant) Mongolism (or synonym) Multiple sclerosis Neoplasm (any in 140-239) Neuroses (in 300) Nyctalopia (night blindness) (in 368.6) Optic nerve disorders (in 377.0-377.2, 377.4-377.9) Paralysis agitans (Parkinson's disease) any cause Personality disorders (in 301) Polyps, any site Prostate condition, any Psychosis, any type (as in 290-299) Refractive errors (as in 367) Retardation, mental (as in X19) Retinal conditions (in 361, 362, 363.3) Retrolental fibroplasia Rheumatic fever, active or inactive Rheumatism (muscular) <u>except</u> due to current acute injury Rupture meaning Hernia (as in 550-553) Specific learning disturbances (as in X14) Stones (calculi) any part of urinary system Stroke or other cerebrovascular disease (as in 430-435, 437) Thyroid (gland) condition, any Trick knee Tuberculosis, any site or stage Tumor, any in 140-239 Ulcer of stomach, duodenum or jejunum Varicose veins of any site</p>
--	---

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 mos. 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 630-676.

E. Assigning
The
Diagnostic
Code for
Acute,
Chronic, or
Unspecified

1. Conditions with a third ICD 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); 474 (chronic).
 - a. If on Condition Page only, 463 will be used if -3 mos; 474.0-474.9, if 3 mos+
 - b. If on Hospital Page only, or on Condition Page and also on Hospital Page--with or without surgery--474.0-474.9 will be used, regardless of onset.
3. Other conditions--not tonsil (or adenoid) conditions--having one ICD diagnostic code for acute, another for chronic:

The ICD modifiers "acute," "subacute," and "chronic," when stated will not determine the HIS coding of the condition. Instead the following guides are to be used:

- a. Any condition which qualifies for a "supplementary code" of "1" regardless of onset, will receive the diagnostic code for the chronic state of the condition. (For qualifications, see Item B, this Section.)
- b. Conditions with such modifiers stated with onset -3 mos will receive the diagnostic code for the acute state of the condition.
- c. Conditions with such modifiers stated with onset 3 mos+ will receive the diagnostic code for the chronic state of the condition.

SECTION III. GENERAL CODING PRINCIPLES AND PROBLEMS

This Section deals with general rules for selecting the 3 or 4-digit code for 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 diagnostic 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 or 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 the cause or kind and code the condition as stated.
2. If the condition is not positively stated, but the cause or kind is, make use of the 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 condition given.

B. Expressions
Indicating
Doubt
Continued

4. Examples, using chronic conditions.

	<u>Condition</u>	<u>Cause</u>	<u>Kind</u>	<u>Code</u>
a.	Back trouble	Possible kidneys	D.K.	X80.Y (ignore kidneys)
b.	Back trouble	D.K.	Probably slipped disc	X80.Y (ignore disc)
c.	Bursitis or Arthritis	Blank	Blank	727.3 (code bursitis)
d.	Rash like acne	D.K.	Blank	782.1 (code rash)
e.	Possible asthma	D.K.	D.K.	493.9 (accept asthma)
f.	Probably asthma	Heart	D.K.	428.1 (accept asthma and cause)
g.	Asthma	Heart or Allergy	D.K.	493.9 (ignore cause)

C. Dagger
Asterisk
System

The Ninth Revision of the ICD contains a dual classification system for approximately 150 categories of certain diseases. One of the codes--marked with a dagger † --relates to the underlying disease process and the other--marked with an asterisk * --relates to the organ system to which the complication relates. See ICD, Vol. 1, page XXVI, for a detailed explanation of this system.

While the dagger-asterisk system is a unique coding process in the Ninth Revision of ICD, HIS WILL NOT use the dual classification system of coding.

If conditions reported are classifiable to the dagger-asterisk system, apply the following guidelines to select a diagnostic code:

1. CONDITIONS MUST BE REPORTED ON THE SAME CONDITION PAGE TO QUALIFY FOR THE DAGGER-ASTERISK SYSTEM OF CODING.
2. FOR HIS, THE CODE MARKED WITH THE DAGGER WILL BE USED SOLELY.
3. If a dagger code has been assigned and on a later Condition Page the Interviewer completes a Condition Page which receives the same 3-digit diagnostic code, merge the information and use the dagger code. Never use the same 3-digit diagnostic code more than once per person.

C. Dagger
Asterisk
System
Continued

EXAMPLE:

Condition Page 01 Person 02

3b. Arthritis 712.0* } Gout would be coded
3c. Gout 274.0† }

Condition Page 03 Person 02

3b. Gout 274.9 } Gout would be coded
3c. DK }

Since Gout (dagger code) has been coded once for Person 02, the data for these two pages must be merged. However, if the Interviewer completes a later Condition Page for Arthritis; Arthritis (716.9) will be coded also.

D. Overcoding
Undercoding

Instructions will be given in Section IV, Combining and Merging, for using one code when two or more diseases or sites can be combined into one condition diagnostic code and one Condition Page.

1. Using separate codes when one code is sufficient is called "overcoding."

If a condition is given and the cause of the condition can be found as an adjectival modifier for the condition, example--heart trouble with cause of hypertension or a footnote on the hypertension page of "same condition as.....," this can be combined into one diagnostic code (402.9) and one Condition Page.

2. Failure to code separately conditions that do not combine or conditions that do not get the same diagnostic code is called "undercoding." If a condition is given on one Condition Page (such as heart trouble, and hypertension is given on another Condition Page) without any footnote linking the two Condition Pages (such as "same condition as....") these two conditions will be coded separately (heart trouble (429.9) and hypertension (401.9)).

E. Arrested
Inactive
Corrected
Chronic
Conditions

1. HIS does not use ICD V-codes for arrested conditions. For TWO diseases ONLY, HIS has special codes for arrested conditions as follows, as shown in Appendix III:
 - 019 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.

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.

2. For other corrected or cured conditions with surgery involved, see Item I of this Section.

F. "Active"
Cause
and
Later
Condition
Pages

The Impairment Section and other places in the HIS Coding Manual instructs the coder to code the cause of a condition also if the cause is a present, active disease. (See Appendix I, Item D for definition of active.)

If an "active cause" is to be coded and on a later Condition Page the SAME condition is given; only ONE Condition Page will be coded. A separate Condition Page will not be created for the "active cause" as the Interviewer has already completed a Condition Page.

If the Interviewer has not completed a Condition Page for the "active cause", the coder will create a Condition Page for the "active cause."

G. Symptoms
and
Troubles
General

1. Many symptoms--particularly those expected to be reported frequently are listed in the Short Index--examples being cough, headache, pain, stiffness, swelling, diarrhea, vomiting and weakness. An extensive listing of "symptoms" is given at the end of the Short Index.

The general rule is that a symptom is to be coded in terms of its cause if the cause is given by the respondent.

2. For "nerves" or nervous or mental trouble due to various causes, and for conditions which are due to "nerves," see Item H, this Section.
3. For symptoms, troubles, and anything else, due to injury, code the injury only. For complications of surgery, see also Item I, this Section.
4. When symptoms and troubles, with onset of 3 mos+, are to be coded as Impairments in the X-code, see Section V.
5. For symptoms, -3 mos and symptoms not mentioned in G, 1-4, use the following guides:

Symptoms due to:

- a. Old age: See Appendix III, 797

Example: Weakness (780.7) due to old age, code 797 only

- b. Menopause: See Appendix III, 627.2

Example: Headache (784.0) due to menopause, code 627.2 only

- c. Other symptoms: Code the OTHER only unless one of the codes is classifiable to 001-779 or an X-code.

Example: Dizziness (780.4) due to upset stomach, code 536.8 only.

- d. Causes that are not medical conditions or are not classified in ICD or by HIS: Code the symptom only. Such causes as "having too many children," ordinary bad winter, or summer weather, getting feet wet, sitting in a draft, code the symptom only.

Example: Headache (784.0) due to hot weather, code 784.0 only.

- e. More specific disease names: the general rule is to code the disease only.

Example: Seizures (780.3) due to epilepsy, code 345.9 only.

G. Symptoms
and
Troubles
General
Continued

6. Multiple Symptoms of Unknown Cause in the Same
Illness

Same illness may be determined as follows:

Multiple symptoms are on the SAME CONDITION PAGE.

Interviewer WRITES a footnote of "same condition as ..." that links Condition Pages together with multiple symptoms.

Some other evidence on the Questionnaire that links symptoms together.

When multiple symptoms are involved, 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 001-779 over one in 780-796.
Example: Pain in head (784.0) and eye (379.8),
code 379.8 only.
- 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.
Example: Acid stomach (536.8) and irritation stomach (536.9)--code 536.8 only.
- 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.
Examples: Nausea (787.0) and diarrhea (558),
code 558 only.
Nosebleed (784.7) and wheezing (786.0),
code 786.0 only
- e. If one is codable to the X-code, and the other is not, select the X-code.
Example: Headache (784.0) and chronic stiff back, code X80.Y only.
- f. If none of these selecting guides seem to apply, take the first one mentioned.

SECTION III. GENERAL CODING PRINCIPLES AND PROBLEMS

G. Symptoms and Troubles General
Continued

Troubles---kinds and causes:

- 7. "Trouble," "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.
- 8. 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.
 - a. Exception: When the trouble is something in 799.2 and the cause or kind is a symptom in 307 or something else in 290-316, prefer 290-316 over 799.2. Cause also must be considered when coding troubles, especially when the cause is psychogenic or due to nerves. (See Item H, this Section)

9. Examples in coding symptoms and "troubles:"

	<u>Condition</u>	<u>Cause</u>	<u>"Kind"</u>	<u>Code</u>
a.	Skin trouble	Nerves	Rash and Itching	306.3
b.	Heart trouble	Overwork	DK	429.9
c.	Stomach trouble	DK	Acid stomach and pain	537.9
d.	Stomach trouble	Nerves	Pain	306.4
e.	Lung condition not TB	DK	Cough; spits blood.	518.8
f.	Bronchial condition	DK	Bronchiectasis	494
g.	Gallbladder trouble	DK	Can't eat certain foods	575.9
h.	Liver disease	DK	Jaundice	573.9
i.	Upset stomach	hangover	Blank	305.0
j.	Nervous trouble	DK	Hands shake	799.2
k.	Weakness and nervous	Old Age	Blank	290.9
l.	Indigestion	Old Age	Blank	536.8
m.	Headache	Nerves	Blank	784.0
n.	Thyroid trouble	DK	Feels jumpy	246.9

H. Nervous
or
Mental
Trouble

See Appendix III, categories 290-316 and 799.2 for HIS modifications and instructions. Note inclusions and exclusions in category 799.2 (nervousness, 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; Menopause; Mental; "Mind bad;" Nerves; Old Age; Psychosis; Senile; Tension; Tic; Upset; Worry.

Following are descriptions of nervous conditions, with codes:

1. Nervous trouble, can't sleep at night, feels like something crawling on her: Code 307.4
2. Nervous, due to overactive and toxic goiter: Code 316.6 and 242.0
3. Pains in head, upper back and shoulder, past year, due to lack of sleep and nerves: Code 307.4
4. Nervous, depressed, due to epilepsy: Code 316.8 and 345.9
5. Takes medicine for insomnia; has chronic nervous trouble, feels shaky: Code 307.4
6. Nerves, gets dizzy spells: Code 799.2
7. Diarrhea due to nerves: Code 306.4
8. Worry over personal problems causes my fatigue: Code 300.5
9. Nervous trouble, can't remember things, due to hardening of the arteries: Code 316.8 and 440.9
10. Migraine headache due to nerves: Code 346.9 only

SECTION III. GENERAL CODING PRINCIPLES AND PROBLEMS

I. "Removal"
and other
Operations
Listed on
Condition
Page

Operations, removal of, repair of, complications resulting from surgical procedures with or without the disease or injury for which surgery was required, and impairments resulting from surgery are often reported on a Condition Page. Coding problems arise when this happens. Use the following instructions as a guide for coding Condition Pages with any of the above mentioned situations:

1. Condition Pages, with surgical procedures, which will be deleted
 - a. Delete the Condition Page if a written entry states that surgery was performed over 1 year ago, and within the past year, there has been NO complications, disability, limitation or difficulty with the surgery and the disease or injury for which surgery was required is not mentioned.

Example: Cataract removed 2 years ago (no complication, disability or trouble seeing in past year due to the surgery or the cataract)
Delete the page.

2. Condition Pages with surgical procedures, which will be coded.

Note: Unless a Condition Page states, as in 1 above, that surgery was performed over 1 year ago, for HIS, it will be assumed that surgery was done within the past year. A Hospital Page for the surgery is not required.

- a. Names of operations only (in past year)
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 799.9 (unknown), except:
 1. Circumcision, not routine: Code 605
 2. Obstetrical procedures: Code as Delivery
 3. Tonsillectomy (or adenoidectomy): Code 474.0

For example: Names of operations such as hysterectomy--with no surgical complication mentioned, and without mention of the disease or injury for which surgery was required will be coded to 799.9.

- I. "Removal" and other Operations Listed on Condition Page Continued
2. Condition Pages with surgical procedures, which will be coded (continued)

- b. Operations (in past year) with cause; no complications

Surgical procedures on a Condition Page with the disease or injury requiring the surgery given and no complications or impairments resulting from the surgery; code the disease or injury only.

- c. Operations with complications, impairments, or both; no cause given

For surgical procedures on the Condition Page with resulting complications, and/or impairments; code the complication, or the impairment or code both the complication and the impairment given.

Code all complications of surgery (See ICD, Vol. 2, Complications, surgical procedures; ICD, Vol. 1; and Appendix III), and code any resulting impairment, following all instructions in Section V, Impairments and Their Causes, for coding impairments.

Example: Impairments may be a result of the surgery--such as breast removed--, or a nature of complication of surgery--such as stiff leg, from surgery on leg 6 months ago.

NOTE: Except for impairments, the precise nature of the complication of surgery will not be coded--such as nausea, due to surgery on intestine, code only the complication (997.4).

- d. Operations with complications, impairments or both; cause given

Surgical procedures on the Condition Page with the disease or injury requiring the surgery given and resulting complications, impairments or both; code the disease for which surgery was done, the complication, and any resulting impairment as instructed in 2c above.

If surgery was done for an old injury--such as broken leg 4 months ago--, or an old infection--such as kidney infections as a child--; do not code the old injury or old infection as a separate condition.

NOTE: When a Condition Page states that surgery was performed over 1 year ago and a complication of surgery or an impairment has resulted from the operation, code the complication and/or the impairment; however, the condition for which surgery was performed will not be coded if it has not been present in the past 12 months.

SECTION III. GENERAL CODING PRINCIPLES AND PROBLEMS

- I. "Removal"
and other
Operations
Listed on
Condition
Page
Continued
3. Examples, post operative terms on Condition Page.

	Rule	Present Comp. Due to Surgery	Operation Performed	Cause Requiring Operation	Codes
a.	2a	None	Hysterectomy	DK	799.9
b.	2b	None	Hip operation	Perthe's disease	732.1
c.	2d	Nervous, due to swollen arm	Breast removal	Cancer	X32.2; 457.0; 174.9
d.	2d	Stomach trouble	Gallbladder removed	Gallstones	574.2; 997.4
e.	2b	None	Cleft palate repair	Cleft Palate	X91.9
f.	2d	None	Leg removed	Diabetes	X28.3; 250.0
g.	2d	Stitch abscess	Operation	Bowel obstructed, due to cancer	998.5 159.0
h.	2d	Trouble walking	Operation on hip	3 mos+ fracture	998.8; X89.0
i.	2c	Nausea	Kidney surgery	DK	997.4

J. Allergies

1. See the Short Index for reference to allergy under such headings as:
Allergy; Asthma; Bronchitis; Conjunctivitis; Cystitis; Dermatitis; Eczema; Gastroenteritis; Headache; Hay fever; Hives; Migraine; Poison ivy; Urticaria.
2. In most cases, the present effects and causes of allergies determines the code to be assigned. A code will be assigned for each body system mentioned in the present effects of an allergy.

Example: Q. 3b Allergies
 Q. 3c Sun, pork, melon, onions and bananas
 Q. 3f Sick to stomach, difficulty breathing and headache

Three codes are needed in the above example: gastrointestinal allergy (558); respiratory allergy (493.0) and allergic headache (346.2).

3. For allergy associated with shots see Appendix III, 999.4, 999.5 and the Short Index under ALLERGY, due to shots. If a skin reaction to shots is STATED to be allergic, code as for DERMATITIS, due to vaccine (693.0).
4. For allergy due to drugs taken internally for treatment purposes--not preventive vaccines--code to 995.2.
 - a. If a specified type of allergic reaction is given, code to the specified allergy.

For example: Rash and itching due to taking penicillin: See DERMATITIS due to drug, taken internally (693.0).

K. Disc Conditions

1. See Appendix III, 722 and 839; see also Short Index under DISC.
2. The term disc, NOS, refers to the intervertebral discs as in 722.0-722.9. If a report indicates a condition involving some other disc--for example--optic disc--code as reported.

SECTION III. GENERAL CODING PRINCIPLES AND PROBLEMS

K. Disc
Conditions
Continued

3. For specified conditions 3 mos+ with a disc injury (839) as the original cause:

a. If dislocation, prolapse, protusion, rupture, slipped, injury NOS, or displacement is given as the original disc injury and the following conditions are given as the present effect, code as follows:

1. Neuritis, radiculitis, pain or trouble codable to X80-X89, code to 722.0-722.2, by site in Short Index.
2. Sciatica, code to 722.1 if site is thoracic (middle) or lumbar (low back); otherwise, code sciatica without reference to disc.
3. Arthritis, paralysis, and conditions other than those mentioned above will be coded to the condition given, without reference to disc.
4. In no case will the number 839 be used for a 3 mos+ disc injury.

4. For present conditions due to surgery for a disc condition; see rules in Item I of this Section. For example:

A stiff neck, 3 mos+, due to operation for a slipped cervical disc, would be coded to X80, 997.9 and 722.0.

A slipped disc said to have been treated surgically more than one year ago, with no present complications and no disability in the past year would NOT be coded.

A slipped disc said to have been treated surgically more than one year ago, with disability in the past year and no specified complication due to the surgery, slipped disc only would be coded.

L. 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.

- M. Pregnancy with Hypertension and other Toxemias See ICD categories 630-676 and Section VII of this Manual for full instructions for coding conditions related to childbearing. The numbers 630-676 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 630-676 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 630-676 when she was pregnant but does not have this now, treat the report as history, and do not code.
- N. Spelling Problems The coder will refer to the supervisor any terms spelled in an unintelligible manner. If no one can determine what was intended, and the episode is otherwise codable, use 799.9 (unknown).
- O. Typhoid and other Carrier States These are classified by ICD to V02.0--V02.9. HIS does not use the V-codes. If a person is reported to be a CARRIER of a disease, do not code. However, if a symptom or disease is reported along with the carrier state, code the disease or symptom, not V02.
- P. When to Use 799.8 or 799.9 See ICD 799.8 (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 799.9 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.
- Q. Terms Not in the Short Index or Vols. 1 or 2 Consult the supervisor.

SECTION IV. "COMBINING AND MERGING"

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 ICD 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.

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, sore throat is 462, but combined the code is 465.8 but for cold (460) with cough (786.2), the code is 460.

"Combining," for HIS, includes also the selection of a single condition when one or more conditions in the same series are also reported; for example, as shown in Appendix III, only one code in 140-239 is to be coded.

2. Specific rules

Follow all ICD and HIS rules for combining, selecting, or otherwise using one code when two or more related conditions are reported for the same person on the same Condition Page or on separate Condition Pages. Consult the Short Index first, and if the conditions to be coded are not listed, go to Vol. 2 of ICD.

- a. Look for the word with indented directly under a term, or in parenthesis after it, in conjunction with such terms as asthma; bronchitis; cold; diarrhea; disease, heart; hay fever; influenza; pneumonia; sinusitis; 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 493.0.

A. "Combining"
Continued

2. Specific
rules
continued

- b. In order to combine terms listed in the Short Index in quotation marks (" "), the term in quotes must be either describing a condition or causing the condition. The conditions may also be combined if they are on separate Condition Pages and the interviewer describes them as being "same as." For example: heart failure due to arteriosclerosis can be combined to 440.9. However, if heart failure and arteriosclerosis are on separate Condition Pages and the interviewer has not linked the two conditions, code heart failure (428.9) and arteriosclerosis also (440.9).
- c. Certain diseases can be combined if they are the SAME illness and not linked by the word WITH.

SAME ILLNESS can be determined as follows:

1. If conditions are on same Condition Page.
2. Interviewer WRITES a footnote "same condition as...." that links two conditions together.

NOTE: ICD or the Short Index must have a diagnostic code that combines the two conditions. For example: heart disease on one Condition Page and hypertension on another Condition Page with footnote "same as condition...", would be coded as disease, heart, hypertensive (402.9).

Arthritis on one Condition Page and bursitis on another Condition Page with footnote "same condition as.." would be coded as two separate conditions. Arthritis cannot be found linked with bursitis.

3. Some other evidence on the Questionnaire that links conditions together such as "same accident as..." or other types of footnotes.
- d. Combining certain acute infections

Acute infections or inflammations of the respiratory system and other parts of the body NOT codable to 001-136, which are reported as due to or with infections codable to 001-136 will be combined and coded to 001-136 only. For example: if strep throat (034.0) and cold (460) is reported for the same person, combine the two conditions and code strep throat (034.0) only.

A. "Combining"Continued2. Specific rules continued

- e. Look for the word multiple in the Short Index under such headings as Allergy; Burn; Contusion; Infection, respiratory, upper; Injury, superficial; Pain; Sprain; Trouble; Wound, open; and 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.

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.
2. Determine the single diagnostic code to be assigned (as shown in Item 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.
3. For data shown before "K2" 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 conditions had no cut-down days record "no."
 - c. Date of onset: show the earliest date of onset.

4. For data beyond "K2:"

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," 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: ICD codes for impairments; how late effects of disease or injury are coded for HIS; the list 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 two 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.

Generally, impairments are the present effects of some past disease, condition, or event.

Ordinarily, when a present effect is coded as an impairment in the X-codes, the cause will not be coded; cause will be shown by the fourth digit etiology code. For example, the etiology code "0" would show accidental injury, and the old injury would not be coded separately. However, if the cause is an ACTIVE disease (see HIS rule in Appendix I, Item D, for definition of ACTIVE), the disease will be coded also. Instructions will be given in each division of this Section for coding cause.

Impairments involving extremities and the trunk will be coded by the site involved, with a body part receiving only one code. See Items B, C, and D of this Section for further coding instructions.

SECTION V. IMPAIRMENTS AND THEIR CAUSES

B. ProcedureProcedure for Assigning X-Codes for Impaired Extremities

Problems may arise in assigning X-codes for impaired extremities.

The following is a summary of the procedure to be used: With the exception of the X-codes for absence, all of the X-codes for extremities include one X-code for the part attached to the trunk (arm and leg) and another for the remainder of the extremity (hand and/or finger(s) (thumb) and foot and/or toe(s)).

1. When both parts have the same type of impairment, code only to the part attached to the trunk of the body. Thus, "partially paralyzed left arm and hand" (and "partially paralyzed left arm and fingers") would be coded only to partial paralysis of the arm (X53). The codes for the other parts of the extremities (hand, foot, etc.) are used only when the arm or leg is not reported to be impaired or these parts have a more severe type of impairment than the arm or leg. (See 2 below.)
2. If the parts of an extremity have different types of impairments proceed as follows:
 - a. First code absence of finger(s) (thumb(s)) only (X22), spina bifida (X71.9), congenital dislocation of hip (X75), flatfoot (X77), or clubfoot (X78) if reported and
 - b. for the remaining or other parts of an extremity (upper or lower) code to the part with the more severe type of impairment and ignore any remaining part(s) of that extremity.
3. Where more than one extremity is involved, and
 - (1) they have the same type of impairment, and
 - (2) they are both upper or lower, or interviewer fails to state which side, assume both are on the same side of the body and use the X-code for combinations of extremities (i. e., "arms, both," "one side, hemiplegia," etc.).
4. If fingers or toes are given and the report does not state if one or more hands or feet are involved, assume one hand or foot.

SECTION V. IMPAIRMENTS AND THEIR CAUSES

C. PriorityPriority in Assigning X-Codes for Different Types of Impairments

A person may receive several X-codes, but within the code range of X00-X19 only one code in each category may be assigned for a person.

A person may receive several X-codes in the code range of X20-X89. This range of codes will be assigned by body part with a body part receiving only one code within this range. For example, a person may have a paralyzed arm with the hand deformed, but for HIS only the paralyzed arm would be coded. The most severe impairment reported for a body part of a person will be coded; using the priority order listed below:

1. Absence (except tip of digit) X20-X34
2. Complete (NOS) paralysis X40-X49
3. Partial paralysis X50-X59
4. Paralysis, complete or partial, sites except extremities X60-X64
5. Specified deformity X70-X79
6. Non-paralytic orthopedic impairment X80-X89
7. Loss of sensation X12
8. Absence of tip of digit (below first joint) X35

EXCEPTIONS to above priority order of coding body parts are: absence of finger(s) (thumb(s)) only (X22), Spina bifida (X71); congenital dislocation of hip (X75), flatfoot (X77), and clubfoot (X78), which will always be coded in addition to any other impairment code assigned for a body part.

D. Multiple Impairments Same Person

Guides for coding multiple impairments per person are as follows:

1. A person may receive several X-codes.
2. With rare exceptions, no specific body part or site may receive more than one X-code. These exceptions relate only to absence of finger(s), congenital dislocation of hip, clubfoot, flatfoot, and spina bifida. These cases are discussed in more detail in the sections related to them.

SECTION V. IMPAIRMENTS AND THEIR CAUSES

D. Multiple
Impairments
Same Person
Continued

Guides for coding multiple impairments per person--
continued

3. The use of certain X-codes prohibits the use of other X-codes or a given range of X-codes. In the range X00-X19 only one X-code for each type of impairment in this range may be assigned per person. In the range X20-X90, X-codes which prohibit the use of certain other codes are indicated by (1) stated instructions to that effect, or (2) the term "Prohibits X--" accompanying the designation of the code.
4. Within a range of X-codes related to a type of impairment (i. e., paralysis, absence, etc.) always prefer the lower number X-codes (i. e., those which appear first.) Thus, a person with "paralysis of left side" and "paralysis of right arm" would NOT receive the X-code for paralysis of upper extremity, both, even though both arms are paralyzed. This is because the person should have been coded to hemiplegia since that X-code appears first and use of that code means that the left arm has already been coded. Since it cannot be coded again, the person should also receive the X-code for upper extremity, one. In this way all affected body parts are coded and none has received more than one code.
5. The rule for combining corresponding extremities into one code (hemiplegia; legs, both, etc.) applies only when each is classified to the same type of impairment ("partial paralysis of right arm and partial paralysis of left arm"). When the body parts or sites have a different type of impairment, each must be coded separately. For instance, "paralysis of left arm and partial paralysis of right arm" could NOT be coded to upper extremity, both. Since two types of impairments are involved, each arm would have to be coded separately (paralysis of one upper extremity and partial paralysis of one upper extremity.)
6. Unless two extremities can be combined into one code as in 5 above, each impaired extremity will receive at least one X-code, except when deformity of extremity is involved.

Since the deformity codes for extremities do not distinguish between one or both upper or lower extremities (or, one or both hands, finger(s) on hand, feet, etc.,) two deformed extremities may receive only one X-code, if they are both upper or both lower. However, two X-codes would be assigned for a deformed upper extremity and a deformed lower extremity. Also, two X-codes would be assigned for a deformed right arm and a deformed left hand (or fingers on the left hand).

SECTION V. IMPAIRMENTS AND THEIR CAUSES

E. Impairments
and Their
Causes
Etiology

1. Impairments are coded by using a 4-digit code with X always the first digit to indicate an impairment. The next two digits show the type and site; the 4th digit the cause (etiology) of the impairment.

2. The following list of etiology codes will be used for any impairment in X00-X99:

- .0 Accident or injury except at birth
- .1 Cerebrovascular disease (stroke)
(with arteriosclerosis) (with hypertension)
- .2 Neoplasm
- .3 Diabetes (with cataract or glaucoma)
- .4 Poliomyelitis
- .5 Cataract with glaucoma
- .6 Cataract without glaucoma
- .7 Glaucoma without cataract
- .8 Other eye diseases
- .9 Congenital origin NEC or birth injury
- .X Other conditions not in .0 to .9
(non-traumatic) (non-congenital)
(hereditary) (old age) ("age" NOS)
- .Y Unknown or unspecified origin

3. Determining etiology code for multiple causes of a single impairment:

Determine the etiology code for each of the causes and assign the one which is highest on the list of etiologies. For example: if an accidental injury is at least one of the multiple causes, the 4th digit code would be .0 since .0 is at the top of the list.

NOTE: The etiology code .0 (accident or injury) can only be used for impairments occurring as the result of a sudden, one-time injury or exposure; thus impairments caused by continuous loud noise, continuous heavy lifting, constant strain, etc., will not be considered one-time occurrences and will be assigned .X for etiology.

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F. Visual
Impairments

See Appendix III, ICD categories 360-379, 743 and 871 for HIS modifications of eye and vision conditions.

1. Visual Impairments

- a. As shown in Appendix I, the four HIS categories used for CODING various degrees of visual impairments are:

X00 Blind in both eyes

X01 Visual impairment in both eyes

X02 Blind in one eye, visually impaired in other eye

X03 Blind or visually impaired in one eye only; other eye good vision or not mentioned.

NOTE: One or more ICD disease codes for an eye condition is permitted, but only ONE code in X00-X03 will be coded per person.

- b. An X-code for blindness or visual impairment will be assigned only from entries on a Condition Page; without reference to the disease or eye condition of a person. The fact that a person has an eye disease or condition does not warrant assigning a visual impairment code. A code in X00-X03 will be assigned only in the following situation:

1. There is a WRITTEN or STATED indication on a Condition Page that a person is blind or has a visual impairment. The WRITTEN or STATED terms which will be considered visual impairments and coded to X00-X03 are given in F3.

F. Visual
Impairments

2. Date of Onset

- a. A Condition Page for visual impairments will only be coded if the visual impairment has an onset of 3 mos+ with the exception of b and c below. For Condition Pages with visual impairments indicated that are -3 mos (other than b and c below), the visual impairment is not to be coded, only the disease or injury causing the impairment will be coded if the cause is known. If the cause is unknown, 379.9 (unspecified disorders of the eye) will be coded. For rare cases of always chronic eye conditions resulting from an injury -3 months, with indication of a visual impairment also, the eye injury code, the chronic eye condition and an X-code for the visual impairment will be coded.
- b. Regardless of onset, eyes knocked out or other STATED terms indicating loss of eye(s) will be coded to X00, X02 or X03. The code used will be determined from Interviewer's written entry on the Condition Page.
- c. Cataract (366.-), Glaucoma (365.-), retinal conditions (361.- and 362.-), are eye diseases which are always chronic. If a visual impairment is indicated with these eye conditions, the visual impairment will be coded also, regardless of onset. Instructions for coding Color blindness (368.5), night blindness (368.6) and day blindness (368.1) are given in Item F4 of this Section.

NOTE: This rule does not apply to conditions such as cataract, detached retina or others corrected by surgery, when the surgery was done more than one year ago, with no limitation or disability reported in the past year. See Section III, Item I.

F. Visual
Impairments
Continued

3. Selecting X-Code in X00-X03

- a. After determining that a visual impairment is to be coded, use an X-code in X00-X03 to code WRITTEN or STATED entries of blindness, terms indicating visual impairments or defective vision. Using Interviewer's entries on Condition Page, select a code from eye impairment table that best describes the status of a person's visual impairment. If there is no clear indication that only one eye is involved, assume that both eyes are involved.

No vision, can't see, blind, with clear indication that a person cannot see, will be coded as for blindness in one or both eyes. For entries of visual impairment, other than blindness, code any combination of the terms listed below to the X-code which best describes the persons visual impairment:

1. WRITTEN entries of blindness in one or both eyes; half-blind, no vision, partially blind or blind spot in one or both eyes; bad, blurred, defective, limited, poor, double, problem with, or trouble with----linked with eyesight, seeing, sight or vision.

Any active disease reported as causing a visual impairment will be coded also, if the disease meets HIS definition of an active disease (see Appendix I, Item D, for definition).

4. Eye diseases eligible for ICD code and X-Code

- a. Double vision (+3 mos), color blindness, night blindness and day blindness will receive BOTH an eye conditon diagnostic code (ICD) and an eye impairment code (X-Code). Assume both eyes are visually impaired when assigning the X-code unless one eye is indicated.

F. Visual
Impairments
Continued

5. Ill-defined eye conditions

- a. Disease(s) of the eye(s) and ill-defined terms such as bad eyes, eyestrain, weak eyes, eye trouble, with NO STATED visual impairment will be coded to ICD disease codes only. If a visual impairment is indicated with ill-defined eye conditions, code the impairment, omitting the ill-defined eye condition.

- b. Allergy or migraine causing any eye or vision problem of any kind or onset: code the allergy or migraine only.

6. Assigning Etiology Code

- a. See Section V, Item E, for list of etiology codes and priority order for assigning etiology.

SECTION V. IMPAIRMENTS AND THEIR CAUSES

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G. Hearing
Impairments

See Appendix III, categories 380-389 and 744.0-744.3.
 See Appendix I, categories X05-X09
 See Short Index, Deafness, Hearing Impairment

1. Degree of Hearing Impairment

- a. Conditions that qualify as hearing impairments will be classified to one of the five categories listed below:

- X05 Deafness, both ears
 Includes persons who are reported "deaf" in both ears, or reported to have no useful hearing in both ears, or can't hear, both ears.
 Excludes terms such as "a little deaf," "partially deaf"; code as for hearing impairment.
- X06 Other hearing impairment involving both ears
 Includes any bilateral hearing impairment which cannot be coded to X05.
- X07 Deafness or hearing impairment of any degree involving one ear.
- X08 Deafness, NOS
 Includes "deafness," "deaf," "can't hear" and unable to determine whether one or both ears are involved.
 Excludes terms such as "a little deaf," "partially deaf"; code as for hearing impairment.
- X09 Impaired hearing except as in X05-X08 (unable to determine whether one or both ears are involved.)

- b. In order to classify hearing impairments to X05-X07, two things must be determined:

1. Whether or not the person is deaf in both ears
2. Whether one or both ears are involved

Determinations in b1 will be based on condition entries such as deaf, deafness, deafmute, or "can't hear."

Determinations in b2 will be based on Interviewer's entries for condition stating whether one ear (X07) or both ears (X06) are involved. Prefer the entry in Item 3g of the Condition Page over others.

SECTION V. IMPAIRMENTS AND THEIR CAUSES

G. Hearing
Impairments
Continued

1. Degree of Hearing Impairment---Continued

b. Continued

X08 will only be used for entries of "deaf," "deafness," "can't hear," with no indication whether one or both ears are involved.

X09 will be used only when a hearing impairment is indicated with no indication whether one or both ears are involved.

2. Date of Onset

a. Conditions qualifying for X05 and X08 will be coded as chronic, regardless of onset. X06-X07, X09 will be coded only for conditions 3 mos+.

b. Entry of "deafmute" will be coded to X05 and X11, regardless of onset.

c. Hearing impairments -3 mos, with cause known will be coded to cause only; if cause is unknown, code 388.9 (unspecified disorder of ear.)

3. Coding disease causing hearing impairments

a. Any active disease reported as causing a hearing impairment will be coded also, if the disease meets HIS definition of an active disease (see Appendix I, Item D, for definition.)

4. Coding both X-Code and ear disease code

a. X06, X07, X09 due to or consisting of tinnitus ("ringing in ears" and synonyms); code X06, X07 or X09 and tinnitus (388.3).

5. When X-Code not used

a. Hearing impairments codable to X07 or X09 caused by allergy will be coded to allergy only.

b. Hearing impairments codable to X07 caused by "wax in ear" will be coded to 380.4 only.

6. Assigning Etiology Code

See Section V, Item E for list of etiology codes and priority order for assigning etiology.

SECTION V. IMPAIRMENTS AND THEIR CAUSES

H. Speech
Impairments

See Appendix III, categories 307.0, 307.9, 315.3, 315.5, 750.1, 784.4 and 784.5

See Appendix I, categories X10, X11 and X91.9

1. Only one speech defect per person is to be coded. The two speech impairment codes are as follows:

X10 Stammering and stuttering

X11 Other speech defects
Includes persons with absence of larynx or tongue even if speech defect is not reported.
2. Date of Onset
 - a. Absence of tongue or larynx will be treated as chronic, regardless of onset, and coded to X11 (whether or not speech is mentioned.)
 - b. Stammering, stuttering, and other speech problems -3 mos will be coded per Short Index or ICD; 3 mos+ to X10 or X11.
 - c. Deafmute persons reported: code X05 and X11, regardless of onset.
3. Conditions not coded as speech defects
 - a. Cleft palate: code X91.9, regardless of onset.
4. Coding disease causing speech impairment
 - a. Any active disease reported as causing a speech impairment will be coded also, if the disease meets HIS definition of an active disease. (See Appendix I, Item D, for definition.)
5. Assigning Etiology Code
 - a. See Section V, Item E, for list of etiology codes and priority order for assigning etiology.

SECTION V. IMPAIRMENTS AND THEIR CAUSES

I. Special
Sense
Impairments
NEC

See Appendix III, categories 781.1 and 782.0
See Appendix I, category X12

1. Date of Onset

a. Code as follows:

1. Loss or impairment of smell or taste;
-3 mos, 781.1; 3 mos+, X12
2. Numbness and burning sensation;
-3 mos, 782.0; 3 mos+ X12

b. The above conditions -3 mos, due to a known cause will be coded to cause only.

2. With cause stated

- a. For above conditions, 3 mos+, due to or caused by specified conditions or disease will be coded to disease only. (Ignore Active and Inactive disease rule.)
- b. Only one X12 will be coded per person. If any other X-code in X40-X99 has been assigned for that person, omit X12.

3. Assigning Etiology Code

- a. See Section V, Item E, for a list of etiology codes and priority order for assigning etiology.

SECTION V. IMPAIRMENTS AND THEIR CAUSES

- J. Special Learning Disability and Mental Deficiency See Appendix III, categories 315.0, 315.1, 315.2, 315.5, 317-319, 345 and 758.0
See Appendix I, categories X14 and X19
1. Special Learning Disability
 - a. Conditions that indicate a specific learning disability such as ICD categories 315.0, 315.1, 315.2 and 315.5, will be coded to X14, regardless of onset, as specific learning disabilities are considered to be chronic by HIS.
 - b. If mental deficiency or retardation is mentioned as causing the learning disability, code to X19 only.
 2. Mental Deficiency or Retardation
 - a. Code entries of mental deficiency or retardation, can't learn, slow learner, etc. to X19 and treat as chronic, regardless of onset.

NOTE: Use only one code per person in X14 and X19, preferring X19 over X14.
 3. Coding Causitive Disease
 - a. Any active disease reported as causing learning disability or mental retardation will be coded also, if the disease meets HIS definition of an active disease. (See Appendix I, Item D, for definition.)
 4. Assigning Etiology Code
 - a. See Section V, Item E, for list of etiology codes and priority order for assigning etiology.

- K. Absence of Extremities and Certain Other Sites See Appendix III, categories 520.0, 525.0, 748.1, 748.3, 748.5, 753.0, 873, 885-887, and 895-897
See Appendix I, categories X20-X35, X90 and X92
See Short Index, Absence

1. Date of Onset

- a. Absence of extremities and body parts, other than teeth, will be treated as chronic, regardless of onset.

2. Missing body parts which will not be coded to X20-X35:

- a. absence of eye(s): code as for Blindness.
b. absence of tooth, teeth: code per Short Index.
c. absence of larynx, tongue or other oral structures: code to X11, Speech defects.
d. absence of nose, lips or ears: code to X90.

3. Absence which will be coded to X30-X35

- a. absence of lung: code X30.
b. absence of kidney: code X31.
c. absence of breast: code X32.
d. absence of rib(s), bone(s), muscle(s) of trunk: code X33
1. Includes: pelvic area, diaphragm and vertebrae. If any in X33 are missing due to surgery to remove a lung or kidney, code absence of part involved.
2. Any in X33 with paralysis, deformity, or orthopedic impairment of trunk, code to paralysis, deformity or orthopedic impairment, omit X33.
e. absence of bone(s), joint(s), muscle(s), of extremity or extremities (includes hip) without loss of the extremity or extremities: code X34.
1. Any in X34 with paralysis, deformity or orthopedic impairment of the SAME body part, code to paralysis, deformity, or orthopedic impairment, omit X34.

K. Absence of
Extremities
and Certain
Other Sites
Continued

3. Absence which will be coded to X30-X35--continued
 - f. absence of tip(s) of finger(s) or toe(s) (below first joint) only: code X35.
 1. If any indication that more than tip(s) of finger(s) or toe(s) is missing, code to absence of that part, not X35.
 2. If tip(s) of finger(s) or toe(s) are missing and the SAME hand(s), arm(s), leg(s), foot or feet has entry of paralysis, deformity or orthopedic impairment, code to that impairment, not X35.
4. Absence of extremity or extremities in X20-X29 with other X-Codes
 - a. With any X-code in X40-X89 of SAME body part, code absence only. Code each body part mentioned, making use of multiple codes when possible.
5. Coding absence of body parts not included in X20-X35
 - a. Absence of body parts not included in X20-X35 will be coded per ICD under Absence; if the cause is congenital, code the ICD code for congenital; if the cause is unknown, code as for acquired absence or disease NOS of that part.
6. Absence, any site, due to surgery
 - a. For absence of a body part resulting from surgical procedures, follow rules given in Section III, Item I, Removal and Other Surgical Procedures, and Appendix III, 996-998.
7. Coding disease causing absence
 - a. Any active chronic disease reported as the cause of a body part being removed or missing will be coded also, if the disease meets HIS definition of an active disease. (See Appendix I, Item D, for definition.)
8. Assigning Etiology Code
 - a. See Section V, Item E, for list of etiology codes and priority order for assigning etiology.

SECTION V. IMPAIRMENTS AND THEIR CAUSES

- L. Paralysis
Complete
or
Partial
- See Appendix III, categories 343, 344, 348, 350-358, 430-438, 781.0 and 781.3
See Appendix I, categories X40-X64
See Short Index, Paralysis

1. Date of Onset

- a. Cerebral palsy (and synonyms) (X50), "hangs limp," and "drop" (paralytic) are coded as chronic, regardless of onset.
- b. Other paralysis, complete or partial, must be present 3 mos+ in order to receive an X-code.
- c. For paralysis, -3 mos, complete or partial, see Short Index, Paralysis, -3 mos.

2. Problem Terminology

- a. Paralysis, complete or partial, waist down, lower body: code as for Paraplegia or Paraparesis.
- b. "Ataxia NEC," "spastic," "disturbance of coordination or gait": code as for Paralysis, partial.
- c. "Staggering," "stumbling": code as for Trouble, walking.
- d. "Dead nerve NOS," 3 mos+, due to polio or some other cause and not further qualified: code to X99 by etiology.
- e. "No use," "can't bend," "can't straighten up" or "can't sit up," in reference to back or limb(s): code as for Trouble of these sites. If 3 mos+ and due to stroke, polio, or other disease of brain or spinal cord, code as for Paralysis, by site. If partial is mentioned or there is an indication that the person can move the part, code as for Paralysis, partial, by site.

SECTION V. IMPAIRMENTS AND THEIR CAUSES

L. Paralysis
Complete
or
Partial
Continued

3. Paralysis, complete or partial, with other X-Codes

- a. Paralysis, complete or partial, with other X-codes in X70-X89 involving SAME body part, code Paralysis only, with one code for each body part mentioned; making use of multiple codes when possible. See Items B and C of this Section for assigning X-codes and priority order for X-codes.

EXCEPTION: Spina bifida (X71), congenital dislocation of hip (X75), flatfoot (X77), and clubfoot (X78) will always be coded in addition to paralysis, if reported.

- b. Absence of a body part with paralysis of SAME body part will be coded as for Absence.

EXCEPTION: Any in X33 or X34 with paralysis of SAME body part will be coded to Paralysis only, NOT X33 or X34.

4. Paralysis, complete or partial, ill-defined sites

- a. If one arm and one leg are affected and there is no indication that they are on the same or opposite sides of the body, assume they are on the SAME side and code as for "one side of body." If both are completely paralyzed, code X41. If the arm is partially paralyzed and the leg is completely paralyzed, code X53 and X47. See also Item D for coding multiple impairments per person.

5. Coding disease causing paralysis

- a. Any active chronic disease reported as the cause of a body part being paralyzed, completely or partially, will be coded also, if the disease meets HIS definition of an active disease. (See Appendix I, Item D, for definition.)

6. Assigning Etiology Code

- a. See Section V, Item E, for list of etiology codes and priority order for assigning etiology.

SECTION V. IMPAIRMENTS AND THEIR CAUSES

M. Deformity
Limb, Back,
Trunk

See Appendix III, categories 709.2, 717, 723.5, 727, 728, 729, 734, 735, 736, 737, 738, 741, 744.5, 744.8, 744.9, 754, 755, 756 and 781
See Appendix I, categories X70-X79 for terms other than Deformity which are included in X70-X79.

1. Date of Onset

- a. Any condition qualifying for X70-X79 will be treated as chronic regardless of onset and coded to X70-X79.

2. Terms and causes not coded as Deformity

- a. WRITTEN entries of "deformity," "atrophy," "withered" with cause of stroke, polio, or other paralytic disease of brain or spinal cord: code as for Paralysis, by body site.

EXCEPTION: Spina bifida (X71), congenital dislocation of hip (X75), flatfoot (X77), and clubfoot (X78) will always be coded as deformities. If paralysis is reported with these conditions, code both the deformity and the paralysis.

3. Coding X70-X79 in priority order

- a. Spina bifida (X71), congenital dislocation of hip (X75), flatfoot (X77) and clubfoot (X78) will always be coded as deformities. If absence or paralysis of the SAME body part is also reported, code absence or paralysis in addition to the deformity.
- b. Conditions qualifying for X70-X79, other than cases mentioned above, will be coded to body part deformed. One person may receive more than one code in this range. However, codes in this range should not be used for a body site which can be coded to more serious types of impairments in the range X20-X64, except when those types of deformities listed in (a) above are involved.
- c. Absence of the kind(s) in X33, X34 or X35 reported with a deformity of the SAME body part will be coded as for Deformity (X70-X79) only.

SECTION V. IMPAIRMENTS AND THEIR CAUSES

M. Deformity
Limb, Back,
Trunk
Continued

4. Coding disease causing Deformity

- a. Any active chronic disease reported as the cause of a body part being deformed will be coded also, if the disease meets HIS definition of an active disease. (See Appendix I, Item D, for definition.)

5. Assigning Etiology Code

- a. See Section V, Item E, for list of etiology code and priority order for assigning etiology.

N. Non-Paralytic
Orthopedic
Impairment
NEC

See Appendix III, categories 710-719, 720-724, 725-729, 738 and 781.9
 See Appendix I, categories X80-X89 for Inclusions and Exclusions
 See Short Index: Limp, Orthopedic Impairment, Pain, Stiffness, Swelling, Trouble, Walking difficulty and Weak.

1. Date of onset

- a. Trick knee: Code X86 regardless of onset. If due to a specified active disease, code disease only. NOTE: If the active disease causing the trick knee is also on a later Condition Page, merge the information on the two pages, since a diagnostic code can only be used once per person.

Example:

Condition Page 1 Person 03

3b. Trick Knee } Arthritis would be coded
 3c. Arthritis }

Condition Page 4 Person 03

3b. Arthritis } Arthritis would be coded
 3c. DK }

Merge the two pages and code only one Condition Page with diagnostic code for Arthritis.

- b. All other conditions codable to X80-X89 must have an onset of 3 mos+.

2. Conditions codable to X80-X89 (3 mos+)

- a. Limitation of motion NEC; stiffness; instability of joint; flail joint; ill-defined symptomatic conditions involving limbs, muscles, joints, back or trunk of unknown cause, due to injuries 3 mos+ or old sprains, dislocations and sprains 3 mos+, will be coded to X80-X89, by body site. If a body part has been coded to any in X20-X79 and the SAME body part has an orthopedic impairment; prefer the code in X20-X79 over any in X80-X89 for the SAME body part.

Example: Paralysis, one side of body, caused by stroke. Pain in arm, caused by injury, 3 mos+, code X41.0 and code stroke also.

N. Non-Paralytic
Orthopedic
Impairment
NEC
Continued

2. Conditions codable to X80-X89 (3 most+)--continued

- b. Orthopedic Impairments mentioned on the preceding page due to or caused by specified conditions or disease will be coded to disease only. (Ignore active and inactive disease rule.)

Example: Conditions in X80-X89 caused by:

disc conditions: code disc condition
 arthritis: code arthritis
 bursitis: code bursitis
 blood clot: code blood clot

- c. When one person has multiple orthopedic impairments in X80-X89, eliminate any body part which has been coded in X20-X79, then code remaining body parts to X80-X89, by site.

3. Conditions not codable to X80-X89 (3 most+)

- a. Conditions in X80-X89 due to or caused by polio, stroke or other paralytic diseases of brain or spinal cord will be coded as for Paralysis, by site; if there is information that the person is bed-ridden, chairfast, or unable to move the part impaired, code as for Paralysis, complete, by site; if no such information is available, code as for Paralysis, partial in X51-X59. (Code the causative disease also, if the disease qualifies as an active chronic disease.) (See Appendix I, Item D, for definition of active disease.)

4. Assigning Etiology Code

- a. See Section V, Item E, for list of etiology codes and priority order for assigning etiology.

SECTION V. IMPAIRMENTS AND THEIR CAUSES

O. Impairment
NEC

See Appendix III
See Appendix I, categories X90-X99 for Inclusions and Exclusions

1. Date of onset

- a. Absence of teeth, acquired -3 mos: code 525.1; if due to injury -3 mos, code 873. Acquired absence of teeth, 3 mos+, will be coded to X92.
- b. "Brain damage" NEC, -3 mos: code 348.9; if due to injury -3 mos, code 854; if due to birth injury, code 767.0. "Brain damage" NEC, 3 mos+, with no residual specified will be coded to X99. If a residual is given, code the residual only, omitting X99.

2. Conditions codable to X90-X93

- a. Conditions in X90 and X92, involving teeth or jaw, with a speech impairment present, code the speech defect also.
- b. Cleft palate and harelip (X91.9); no additional code for speech defect will be coded.
- c. Deformity of skull (X93): If mental retardation is present, code the mental retardation also.

3. Conditions codable to X99

- a. X99 includes ill-defined impairments that cannot be coded to any other X-code. Entries such as deformed NOS, cripple NOS, without a body site specified; birth injury NOS, brain damage NOS (over 3 months of age) without specified type of injury or damage are coded to X99.
- b. Ill-defined after effects of tuberculosis, encephalitis, poliomyelitis, trachoma, toxoplasmosis, rickets, intracranial abscess, will be coded to X99 also. If a specified residual is given, code the residual only, omit X99. (See Appendix I, Item D.)
- c. Ill-defined after effects of stroke will be coded to stroke, NOT X99.

4. Assigning Etiology Code

- a. See Section V, Item E, for list of etiology

SECTION VI. INJURIES, ACCIDENTS AND THEIR EFFECTS

A. Injury
General

1. The interviewer asks additional questions about accidents and injuries and records them in a space to be referred to as the Accident Section. In general a filled Accident Section will indicate that the condition is codable as an injury. Whether or not the Accident Section is completed the medical coder will apply all HIS rules and make use of all information, including footnotes, in order to judge whether the condition is actually to be coded as an injury.
2. See Appendix III, categories 800-999, for notes and instructions about injuries and their effects. Note that complications of medical and surgical procedures in 996-999 are counted with injuries, but they may have arisen through no fault of the doctor or surgeon.
3. For HIS, injuries are defined as any condition codable to ICD 800-999. They are divided into five groups as follows:
 - a. "Injury" (fracture, laceration, etc.) codable to 800-959.
 - b. For HIS effects of drugs have been split into two groups:
 - OVERDOSE or POISONING by drugs, ICD 960-979. They will be coded to 977.9
 - Adverse effects of drugs 995.2. Includes any effects of drugs, medicaments or biological substances without mention of "overdose" or "poisoning."
 - c. Toxic effects of venom and adverse effects of chemical substances, ICD 980-989. For HIS, code to 989.5 and 989.9
 - d. Other effects of external causes (frostbite, sun-stroke, etc.) ICD 990-995, (excluding 995.2).
 - e. Complications of surgical procedures or other medical care, ICD 996-999.
4. For HIS, injuries in groups a, d, and e above MUST result from a single episode of exposure. Continued exposure, for example, to loud noise or constant heavy lifting will be coded as if non-traumatic. Injuries in b and c, however, are coded regardless of length of exposure or number of episodes.

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B. Date of Onset

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 Section. For those conditions with onset (of the injury) 3 mos⁺, code from present effects of the injury. For those with onset -3 mos, code from kind of injury except as in rules given in Appendix III.

C. Multiple Injuries and Accidents

1. If a person reports more than one injury, ICD 800-999, as a result of a single accident, apply any HIS or ICD provisions for combining these multiples; otherwise, code each separately. See also Appendix III, categories 800-999, for references to multiples within various groupings.

2. 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 two 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.

SECTION VII. CONDITIONS RELATED TO CHILDBEARING

This section refers to: conditions of the newborn; deliveries (normal or complicated); abortions and other complications of pregnancy; and complications of the puerperium.

A. Infants

As previously, well newborn infants, or infants born dead, are not coded or counted by HIS. For instructions for coding illness conditions of infants, see Appendix III, categories 760-779 (Certain causes of perinatal morbidity).

If an infant stays in the hospital after the mother goes home (has more nights than mother in the hospital) and no reason is stated or indicated, the Hospital Stay will be coded as entered.

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 630-676 for notes applicable to complications of pregnancy. See also the Short Index and Vol. 2 under "Pregnancy".

C. Abortion

Abortion is coded as per ICD, Vol. 1, categories 634-639. It includes any interruption of pregnancy before 28 weeks gestation with a dead fetus. See Appendix III, categories 630-676 for notes applicable to abortion. See also Vol. 2 under "Abortion." "Miscarriage" will be coded as for Abortion, spontaneous (634.-).

If the Hospital Page says that an operation such as "D and C", or some other, was done to induce the abortions, or to treat a spontaneous abortion, the operation will be coded as reported, according to the general rules in Section VIII.

SECTION VII. CONDITIONS RELATED TO CHILDBEARING

D. Deliveries

1. See Appendix III, categories 630-676 for notes applicable to delivery. See also the Short Index and Vol. 2 under "Delivery."
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. For HIS, "Delivery NOS" will be coded to 75 (Other Obstetrical Operations).
3. If the mother has some other operation after delivery while still in the hospital--such as "tubes tied" (66)--code it in addition to the delivery code.

E. Puerperal Complications

The "puerperium" refers to the 2-month period (approximately) following a delivery or abortion. Complications arising during this period are classified in 642, 646-648, or in 660-676. See Appendix III, categories 630-676, for notes applicable to puerperal complications. See also Short Index, and Vol. 2, under "Puerperal."

F. 1-Digit Supplementary Code

Use "2" (acute) for the 1-digit supplementary code for all conditions on the Condition Pages which are codable to 630-676. 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 630-676, 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 M, for "Pregnancy with hypertension and other toxemias."

SECTION VIII. HOSPITALIZATION AND SURGERY

- A. General For conditions related to childbearing, see Section VII of this Manual. Section VIII deals with general instructions for operation codes to be used in coding the Hospital Page.
- B. Codable Admissions
1. For HIS, codable hospital admissions or stays must be:
 - a. Within the time reference period (limits of which are defined elsewhere), AND
 - b. For overnight or longer.
- C. Coding Operations
- See Appendix II, Classification of Operations and Non-Operative Procedures for HIS, and the Index of Operations and Non-Operative Procedures for HIS. For multiple operations per person, see Item D, 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. These will be coded as operations or surgical procedures even though the person says "no operation was performed."
 2. Operations for fractures and dislocations of bones and joints: see Appendix II, categories 76-79.
 - 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.
 3. Other kinds of operations and procedures: consult ICD 9-CMS and/or Appendix II; code as reported. If in doubt whether a procedure should be coded as an operation, consult the supervisor.
- D. Multiple Operations Per Person
- Multiple Operations, per person
- a. Code each operation up to three. If more than three given, code first three. Implied operations will be coded after listed operations have been coded.

APPENDIX I

X-CODE FOR SPECIAL IMPAIRMENTS (X00-X99)

BY TYPE, SITE AND ETIOLOGY

U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
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 some changes in it since the beginning of the Survey, and will use it instead of the present ICD for the coding of impairments.

Appendix I, which contains the X-Code and explains it, has been rewritten as of January 2, 1979 but the principles and methods are similar to what they were before that time. For the lists of etiological 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 ICD), 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 ICD 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, arteriosclerosis, 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.

B. General Characteristics of Special Impairments---continued

3. They represent decrease or loss of ability to perform such functions as seeing, hearing, tasting, smelling, other sense perception, speaking, understanding, reading, writing, use of symbols, locomotion, lifting, or manipulation of body or extremities or making a presentable appearance.

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. ICD Codes for Impairments

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

For certain impairments the ICD 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 ICD for all types of impairments is not possible. However, listed below, in ICD numerical order, Vol. 1, are those ICD categories which are used exclusively for impairments with the X-Code numbers to be used instead, at the right. These ICD numbers are not used by HIS--as shown also in Appendix III.

It should be noted that ICD 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 etiological code, the etiological code is not shown in the following listing with any of the X-Code numbers.

APPENDIX I. X-CODE FOR SPECIAL IMPAIRMENTS

ICD CODE NUMBER(S)	NAME OF IMPAIRMENT	X-CODE NUMBER(S)
317-319	Mental Retardation (various degrees)	X19
342	Hemiplegia	X41
343	Infantile cerebral palsy	X50
	Other paralytic syndromes	
344.0	Quadriplegia	(X40-X49,
344.2	Diplegia of upper limbs	(X50-X59,
344.3	Monoplegia of lower limbs	(X60-X63
344.4	Monoplegia of upper limb	(by site
344.5	Unspecified monoplegia	(and extent
344.6	Cauda equina syndrome	{
344.8	Other	{
344.9	Unspecified	{
369	Blindness and low vision	X00-X03
389	Deafness	X05-X09
	Deaf mutism	X05
520.0	Anodontia	X92
520.1	Supernumerary teeth	X92
520.2	Abnormalities of size and form	X92
520.5	Hereditary disturbances, tooth structure	X92
521.6	Ankylosis, teeth	X92
524	Dentofacial anomalies, including malocclusion	X92
718.6	Unspecified Protrusio Acetabuli	X75
728.4	Laxity of ligament	X80-X89, by site
728.6	Contracture of palmar fascia	X74
734	Flatfoot	X77
735	Acquired deformities of toe	X76
736	Other acquired deformities of limbs	X73-X76, by site
737	Curvature of spine	X70

ICD CODE NUMBER(S)	NAME OF IMPAIRMENT	X-CODE NUMBER(S)
738	Other acquired deformities	
738.0	Acquired deformity of nose	X90
738.1	Other acquired deformity of head	X93
738.2	Acquired deformity of neck	X79
738.3	Acquired deformity of chest and rib	X79
738.4	Acquired spondylolisthesis	X70
738.5	Other acquired deformity of back and spine	X70
738.6	Acquired deformity of pelvis	X75
738.7	Cauliflower ear	X90
738.8	Acquired deformity of other specified site	X70-X79, X90, X92, X93 by site
738.9	Acquired deformity of unspecified site	X99
741	Spina bifida (congenital)	X71
742.0	Encephalocele	X93
742.1	Microcephalus	X93
742.3	Congenital hydrocephalus	X93
743.0	Anophthalmos, one or both eyes	X00, X02, X03
743.1	Microphthalmos, NEC	X01
744.0	Anomalies of ear, causing hearing impairment	X05-X09
744.1	Accessory auricle	X90
744.2	Other specified anomalies of ear	X90
744.3	Unspecified anomalies of ear	X90
744.5	Webbing of neck	X79
744.8	Other specified anomalies of: face (disfiguring) NEC neck NEC	X90 X79
744.9	Unspecified anomalies of: face NEC neck NEC	X90 X79
749	Cleft palate and cleft lip	X91
750.0	Tongue tie	X11
750.1	Other anomalies of tongue (with speech defect)	X11
753.0	Renal agenesis and dysgenesis	X31

APPENDIX I. X-CODE FOR SPECIAL IMPAIRMENTS

ICD CODE NUMBER(S)	NAME OF IMPAIRMENT	X-CODE NUMBER(S)
	Congenital musculoskeletal deformities:	
754.2	spine	X70
754.3	dislocation of hip	X75
754.4	bowleg(s), deformity leg(s)	X76
754.5	varus deformities of feet	X76
754.6	valgus deformities of feet:	X76
	flatfoot	X77
754.7	other deformities of feet:	X76
	clubfoot NOS	X78
754.8	other specified deformities:	
	chest wall	X79
	dislocation of elbow	X73
	chest, funnel chest	X79
	clubhand, hand	X74
	lower limb joints	X76
755	Other congenital anomalies of limbs:	
	absence	X20-X29, X35, by site
	deformity	X70-X79, by site
756.0	Anomalies of skull and face bones:	
	face	X90
	skull, NEC	X93
756.1	Anomalies of spine:	
	absence of specified segment of spine	X33
	other deformity of spine	X70
756.2	Cervical rib	X79
756.3	Other anomalies of rib and sternum:	
	absence of rib, sternum	X33
	other deformity of rib and sternum	X79
758.0	Down's syndrome	X19
759.7) 759.9)	Multiple congenital anomalies, type and site not specified	X99
781.5	Clubbing of fingers	X74
	Traumatic amputation of:	
885	thumb(s)	X22,X25
886	other finger(s)	X22,X25
887	arm(s) and hand(s)	X20-X24
895	toe(s)	X27,X29
896	feet, foot	X27,X29
897	leg, one or both	X26,X28

APPENDIX I. X-CODE FOR SPECIAL IMPAIRMENTS

ICD CODE NUMBER(S)	NAME OF IMPAIRMENT	X-CODE NUMBER(S)
905.6	Late effect of dislocation	X80-X89
905.7	Late effect of sprain and strain	X80-X89
905.8	Late effect of tendon injury	X80-X89
905.9	Late effect of traumatic amputation	X20-X29, X35

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 active pathological 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.

ICD has a few categories specific for late effects of certain diseases--with "late effects" in the title.

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

- 137 Late effects of tuberculosis
- 138 Late effects of acute poliomyelitis
- 139 Late effects of other infectious and parasitic diseases
- 268.1 Late effects of rickets
- 326 Late effects of intracranial abscess or pyogenic infection
- 438 Late effects of cerebrovascular disease

Since the above ICD late effects codes for diseases are not used by HIS, the method for coding late effects is as follows:

1. When the late effect is a specified impairment, the appropriate X-Code is selected and the appropriate etiological code is added; for example, "Blindness, both eyes, due to old trachoma" is coded by HIS to X00.8, only.
2. When the late effect is specified but it is not an impairment, the condition is coded to the ICD code for the condition, but never to the above-mentioned ICD late effects codes; for example, "Personality disorder due to old encephalitis" is coded by HIS to 301.9 only.
3. If the past disease is known, but the present difficulty is ill-defined or not specified, the above ICD 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 etiological code) will be used. Thus, for example, "Post-polio" would be coded to X99.4. However, for "After effects of stroke," the stroke only will be coded.

D. Late Effects of Diseases, Injuries, and Poisonings--continuedCoding Late Effects, other than those on the preceding page, and the original disease

1. ICD does not have late effect codes for diseases other than the ones mentioned on preceding page. However, HIS coding requires that late effects of many diseases be coded; which is usually a special impairment. When the disease causing the late effect or special impairment is given, the question arises as to when to code the causative disease also. HIS has devised a definition for an active disease and an inactive disease, as described below. When a causative disease meets HIS' definition of "active" disease, the disease will be coded in addition to any special impairment.

Inactive disease processes will be used to determine etiology and will not be coded as a separate diagnosis.

The terms "active" and "inactive" (i.e., past disease or condition) are distinguished by considering ALL of the Condition Pages for each person.

The CAUSE is "Active" if:

1. it is reported in Item 1 or 3b of a Condition Page AND NO explicit indication that the condition is cured or no longer present. "Explicit indication" would include: (1) Questions 10-12 completed and "cured" is checked in Item 12b; (2) the person says the condition is cured, corrected, arrested, no longer present, or the equivalent; (3) the name of the condition indicates it is no longer present ("childhood rheumatic fever" and the person is an adult)
2. it is reported in Item 3c or 3e, and the condition is on the list of conditions which are coded as chronic regardless of onset, and there is no explicit indication (as defined in #1 above) that the condition is cured, corrected, arrested or no longer present
3. it is stated in the footnotes or written entries of the Condition Page(s) for this person that the disease causing the impairment is still present.

The CAUSE is "Inactive" if:

1. it is reported in Item 1 or 3b of a Condition Page AND there is explicit indications (as defined in #1 above) that the condition is cured, corrected, arrested or no longer present
2. it is reported in Item 3c or 3e, AND either the condition is NOT on the list of conditions which are coded as chronic regardless of onset, or, if it is on the list, there is explicit indication (as defined in #1 above) that the condition is cured or no longer present
3. there is no footnote or written entry on the Condition Pages for this person stating that the condition causing the impairment is still present.

APPENDIX I. X-CODE FOR SPECIAL IMPAIRMENTS

E. List of Etiology Codes

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

These codes are listed in the order of priority in which they should be assigned when more than one etiology is given, none of them is an accident or injury, and it cannot be determined which was the earlier cause of the impairment. Where the earlier cause can be determined, that fourth digit is always assigned regardless of the priority shown below. Accident or injury ALWAYS has priority whether it occurred earlier or later than other causes.

- .0 Accident or injury except at birth
- .1 Cerebrovascular disease (stroke)
(with arteriosclerosis) (with hypertension)
- .2 Neoplasm
- .3 Diabetes (with cataract or glaucoma)
- .4 Poliomyelitis
- .5 Cataract with glaucoma
- .6 Cataract without glaucoma
- .7 Glaucoma without cataract
- .8 Other eye diseases (as in ICD)
(any infection of eye)
- .9 Congenital origin NEC or birth injury
- .X Other conditions not in .0-.9
(non-congenital) (non-traumatic)
(hereditary) (old age) ("age" NOS)
- .Y Unknown or unspecified origin

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, Section V.

X00-X03 BLINDNESS AND IMPAIRMENT OF VISION (Only one code in this range may be used per person)

- X00 Blind in both eyes
- X01 Visual Impairment in both eyes
- X02 Blind in one eye, visually impaired in the other eye
- X03 Blind or visually impaired in one eye only; other eye, good vision or not mentioned

X05-X09 DEAFNESS AND IMPAIRMENT OF HEARING (Only one code in this range may be used per person.)

- X05 Deafness, both ears
Includes persons who are reported "deaf" in both ears, or reported to have no useful hearing in both ears, or can't hear, both ears. Excludes terms such as "a little deaf," "partially deaf"; code as for hearing impairment.
- X06 Other hearing impairment involving both ears
Any bilateral hearing impairment which cannot be coded to X05.
- X07 Deafness or hearing impairment of any degree involving only one ear
- X08 Deafness, NOS
Includes "deafness," "deaf," "can't hear," unknown whether one or both ears are involved. Excludes such terms as "a little deaf," "partially deaf"; code as for hearing impairment.
- X09 Impaired hearing, NOS
Hearing impairment unknown whether one or both ears are involved.

APPENDIX I. X-CODE FOR SPECIAL IMPAIRMENTS

F. Continued

- X10-X19 IMPAIRMENT OF SPEECH, SPECIAL SENSE AND INTELLIGENCE
- X10-X11 IMPAIRMENT OF SPEECH (Only one code in this range may be used per person.)
- X10 Stammering and Stuttering
- X11 Other speech defects
Includes persons with absence of larynx or tongue even when speech defect is not reported.
- X12 IMPAIRMENT OF SPECIAL SENSE, EXCEPT VISION OR HEARING
- X12 Loss or impairment of sensation
Includes taste, smell and loss or disturbances of sensation (burning) and numbness of any body parts. This code will NOT be used if a code in the range of X40-X99 has been assigned.
- X14 SPECIAL LEARNING DISABILITY

(Prefer X19 if both X14 and X19 are present per person)
- X14 Special learning disability (reading) (mathematics) ("mirror writing or reading".) Does not include learning disability resulting only from deficiency in intelligence.
- X19 MENTAL RETARDATION
- X19 Mental retardation: Any degree or any type, including "mongolism." ("Down's (Downes) Syndrome")

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F. Continued

X20-X35 ABSENCE, LOSS, EXTREMITIES, AND CERTAIN OTHER SITESX20-X25 ABSENCE, LOSS, UPPER EXTREMITY

- X20 Arms, both
- X21 Hands, both
- X22 One or more fingers (excludes tip only-below first joint (thumb(s)) of both hands
- X23 Arm, one
Person may also have X24 or X25
- X24 Hand, one
Person may also have X23 or X25
- X25 One or more fingers, (excludes tip only-below first joint), thumb, of only one hand.
Person may also have X23 or X24

Code only one of these codes per person, and no other code in the range of X20-X25.

X26-X29 ABSENCE, LOSS, LOWER EXTREMITY

- X26 Legs, both
- X27 Feet or toes (excludes tip only-below first joint) only, both
- X28 Leg, one
Person may also have X29
- X29 Foot or toes (excludes tip only-below first joint) only, one
Person may also have X28

Code only one of these codes per person, and no other code in the range of X26-X29.

F. Continued

- X30-X35 ABSENCE, LOSS, CERTAIN OTHER SITES
- X30 Lung
- X31 Kidney
- X32 Breast
- X33 Rib, bone, joint, or muscle of trunk, one or more
- X34 Bone, joint, or muscle of extremity (including hip) without loss of extremity, one or more
- X35 Tips of fingers or toes (below first joint) only
- X40-X64 PARALYSIS, COMPLETE OR PARTIAL
- X40-X49 PARALYSIS NOS (COMPLETE) OF EXTREMITIES
- X40 Entire body or four limbs (Prohibits X41-X62)
- X41 One side of body only, including limbs; or "hemiplegia." (Prohibits X42, X44, X46, or X48)
- X42 Arms, both (Prohibits X43-X45)
- X43 Arm, one (Prohibits X44)
(When the corresponding body part on the other side has been coded, "one" means "other.")
- X44 Hands, both, and/or finger(s) (thumb) on one or both hands only. (Prohibits X45)
- X45 Hand, one, and/or finger(s) (thumb) on one hand, only.
(When the corresponding body part on the other side has been coded, "one" means "other.")
- X46 Legs, both; or "paraplegia." (Prohibits X47-X49)
- X47 Leg, one (Prohibits X48)
(When the corresponding body part on the other side has been coded, "one" means "other.")
- X48 Feet, both, and/or toe(s) on one or both feet, only.
(Prohibits X49)
- X49 Foot, one, and/or toe(s) on one foot, only.
(When the corresponding body part on the other side has been coded, "one" means "other.")

F. Continued

- X40-X64 PARALYSIS, COMPLETE OR PARTIAL-----CONTINUED
- X50-X59 CEREBRAL PALSY AND PARALYSIS PARTIAL OF EXTREMITIES
- X50 Cerebral palsy (and synonyms)
Includes "spastic" if present since birth (congenital)
(Prohibits X51-X64)
- X51 One side of body only, including limbs; or "hemiparesis."
(Prohibits X52, X54, X56, or X58)
- X52 Arms, both (Prohibits X53-X55)
- X53 Arm, one (Prohibits X54)
(When the corresponding body part on the other side has
been coded, "one" means "other.")
- X54 Hands, both, and/or finger(s) (thumb) on one or both hands
only. (Prohibits X55)
- X55 Hand, one, and/or finger(s) (thumb) on one hand only.
(When the corresponding body part on the other side has
been coded, "one" means "other.")
- X56 Legs, both; or "paraparesis," (Prohibits X57-X59)
- X57 Leg, one (Prohibits X58)
(When the corresponding body part on the other side has
been coded, "one" means "other.")
- X58 Feet, both, and/or toe(s) on one or both feet, only
(Prohibits X59)
- X59 Foot, one, and/or toe(s) on one foot, only
(When the corresponding body part on the other side has
been coded, "one" means "other.")
- X60-X64 PARALYSIS, COMPLETE OR PARTIAL, SITES EXCEPT EXTREMITIES
- X60 Trunk, any part except parts included in X40, X41, or X51
If PARTIAL paralysis of ENTIRE body is indicated, code
X60 only.
- X61 Face (Bell's palsy or paralysis)
- X62 Bladder or anal sphincter
- X63 Paralysis, complete or partial, sites NOT of extremities,
trunk, nor affecting special senses or speech
- X64 Paralysis, complete or partial, NEC

APPENDIX I. X-CODE FOR SPECIAL IMPAIRMENTS

F. Continued

X70-X79 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.

- X70 Curvature and other structural deformities of spine or back, except as in X71.9
Includes: all structural deformities of spine or back except spina bifida (X71.9).
Excludes: chronic back conditions NEC in X80.
- X71.9 Spina bifida (with meningocele) (always congenital)
Excludes: X80
- X73 Deformity of shoulder or upper extremity
Excludes: deformity of hand(s), finger(s), thumb(s), only
 (Prohibits X74)
- X74 Deformity of hand(s), finger(s), thumb(s), only
- X75 Dislocation, congenital, and other deformity hip and/or pelvis
- X76 Deformity of any site on lower extremity, one or both
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 X77 and X78
- X77 Flatfoot (including weak or fallen arches and other difficulty with arches)
- X78 Clubfoot (congenital)
- X79 Deformity, neck, trunk bones, NEC
Includes: pigeon breast; cervical rib; postural defect NEC

F. Continued

X80-X89 NON-PARALYTIC ORTHOPEDIC IMPAIRMENT (CHRONIC) NEC

Excludes: "disc conditions" (ICD 722)

Includes: Limitation of motion NEC; stiffness (complete or partial); "flail joint"; instability of joint; 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 most or to past and now inactive diseases; old (3 most+) sprains, strains, or dislocations with effect not elsewhere classifiable, or not stated.

NOTE: Orthopedic impairment NEC, as in X80-X89, is not to be coded as a separate diagnosis if due to specified disease; code disease only.

ORTHOPEDIC IMPAIRMENT NEC (CHRONIC) INVOLVING:

- X80 Back, any part
Includes: neck
- X84 Shoulder(s) and/or upper extremity(ies)
- X85 Hip and/or pelvis
Excludes: congenital dislocation of hip (X75.9)
- X86 Lower extremity
Excludes: impairments involving arches of foot, feet (X77)
- X89 Other and ill-defined sites
Includes: rib; trunk, NOS; "side," NOS; joint, NOS; limping; staggering; stumbling; trouble in walking, NOS
Excludes: jaw (X92); and ataxic gait, which if chronic, is coded as for Paralysis, partial.

F. Continued

X90-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 present, code it also.
Excludes: cleft palate and harelip whether or not disfiguring (X91.9.)
- X91.9 Cleft palate and harelip (with speech defect) (disfiguring)
Includes: cleft palate and cleft lip (as in ICD 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 mos+; and abnormalities of teeth, malocclusion, and other jaw and dentofacial anomalies as in ICD 520.0, 520.1, 520.2, 520.5, 521.6, and 524. If speech defect is present, code it also.
Excludes: cleft palate and harelip (X91.9); and other dentofacial handicaps if stated to be disfiguring (X90).
- X93 Deformity of skull (hydrocephaly) (microcephaly)
If mental retardation is present, code it also.
- X94 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, other infective and parasitic diseases, rickets, intracranial abscess.
See also Item D, this Appendix.
Excludes: stroke, or ill-defined "after effects" of stroke; code the stroke---not X99.

CLASSIFICATION OF OPERATIONS AND
APPENDIX II. NON-OPERATIVE PROCEDURES, FOR HIS

ICD9-CM3 contains a detailed classification and an index of surgical operations and other therapeutic and diagnostic procedures, constructed to be useful within hospitals for hospital record-keeping.

The Health Interview Survey uses only the first two digits of this classification. HIS recognizes that the detail about the specific type of operation is lost. It is felt that, for HIS, the body system or region (on which the operation was performed) will be sufficient for data analyses.

As does ICD9-CM3, HIS recognizes 16 broad groups, each of which is subdivided into several 2-digit categories. These subdivisions describe operations within a system in one or more of the following ways:

- a. a specified operation with the part of body specified or implied, as in "excision of larynx" (30).
- b. operations without reference to procedures, for some conditions which are commonly surgical conditions, as in "operations for appendix" (47).
- 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 esophagus" (42).

Additionally, HIS has a single code category "00" for any operation of ill-defined or unknown type, with site unspecified.

For the alphabetical arrangement of operations, or to determine the "broad" category for inclusion of a specific operation or procedure, see Index of Operations and Non-Operative Procedures (this Manual) or refer to ICD9-CM3. The ICD9-CM3 index can also be used for the classification of operations and procedures. Remember, however, that HIS only uses the first two digits.

CLASSIFICATION OF OPERATIONS AND
APPENDIX II. NON-OPERATIVE PROCEDURES, FOR HIS

1. OPERATION, TYPE UNKNOWN, SITE UNKNOWN

00 Operation, no site or type

Includes: operation NEC on gland NOS, or "side," or other very ill-defined site. Use 00 when it is known that an operation was performed, but there is no information about the kind of operation or about the body system or part involved.

2. OPERATIONS ON THE NERVOUS SYSTEM (01-05)

01 Incision and excision of skull, brain, and cerebral meninges

02 Other operations on skull, brain, and cerebral meninges

03 Operations on spinal cord and spinal canal structures

04 Operations on cranial and peripheral nerves

05 Operations on sympathetic nerves or ganglia

3. OPERATIONS ON THE ENDOCRINE SYSTEM (06-07)

06 Operations on thyroid and parathyroid glands

07 Operations on other endocrine glands

4. OPERATIONS ON THE EYE (08-16)

08 Operations on eyelids

09 Operations on lacrimal system (tear ducts)

10 Operations on conjunctiva

11 Operations on cornea

12 Operations on iris, ciliary body, sclera, and anterior chamber

13 Operations on lens

14 Operations on retina, choroid, vitreous, and posterior chamber

15 Operations on extraocular muscles

16 Operations on orbit and eyeball

5. OPERATIONS ON THE EAR (18-20)

- 18 Operations on external ear
- 19 Reconstructive operations on middle ear
- 20 Other operations on middle and inner ear

6. OPERATIONS ON THE NOSE, MOUTH AND PHARYNX (21-29)

- 21 Operations on the nose
Includes: operations on bone and skin of nose
- 22 Operations on nasal sinuses
- 23 Removal and restoration of teeth
- 24 Other operations on teeth, gums and alveoli
- 25 Operations on tongue
- 26 Operations on salivary glands and ducts
- 27 Other operations on mouth and face--
Includes: operations on lips, palate and soft tissue of face and mouth, except tongue and gingiva.
- 28 Operations on tonsils and adenoids
- 29 Operations on pharynx

7. OPERATIONS ON THE RESPIRATORY SYSTEM (30-34)

- 30 Excision of larynx
- 31 Other operations on larynx and trachea
- 32 Excision of lung and bronchus
- 33 Other operations on lung and bronchus
- 34 Operations on chest wall, pleura, mediastinum and diaphragm

CLASSIFICATION OF OPERATIONS AND
APPENDIX II. NON-OPERATIVE PROCEDURES, FOR HIS

8. OPERATIONS ON THE CARDIOVASCULAR SYSTEM (35-39)
 - 35 Operations on valves and septa of heart
 - 36 Operations on vessels of heart
 - 37 Other operations on heart and pericardium
 - 38 Incision, excision and occlusion of vessels
 - 39 Other operations on vessels

9. OPERATIONS ON THE HEMIC AND LYMPHATIC SYSTEM (40-41)
 - 40 Operations on lymphatic system
 - 41 Operations on bone marrow and spleen

10. OPERATIONS ON THE DIGESTIVE SYSTEM (42-54)
 - 42 Operations on the esophagus
 - 43 Incision and excision of stomach
 - 44 Other operations on stomach
 - 45 Incision, excision, and anastomosis of intestine
 - 46 Other operations on intestine
 - 47 Operations on appendix
 - 48 Operations on rectum and perirectal tissue
 - 49 Operations on anus
 - 50 Operations on liver
 - 51 Operations on gallbladder and biliary tract
Includes: operations on common bile duct, cystic duct and hepatic duct
 - 52 Operations on pancreas
 - 53 Repair of hernia
 - 54 Other operations on abdominal region
Includes: operations on epigastric region, flank, groin region, inguinal region, loin region, male pelvic cavity, mesentery, omentum, peritoneum and retroperitoneal tissue space.

CLASSIFICATION OF OPERATIONS AND
APPENDIX II. NON-OPERATIVE PROCEDURES, FOR HIS

11. OPERATIONS ON THE URINARY SYSTEM (55-59)

- 55 Operations on kidney
Includes: operations on renal pelvis
- 56 Operations on ureter
- 57 Operations on urinary bladder
- 58 Operations on urethra
- 59 Other operations on urinary tract

12. OPERATIONS ON MALE GENITAL ORGANS (60-64)

- 60 Operations on prostate and seminal vesicles
- 61 Operations on scrotum and tunica vaginalis
- 62 Operations on testes
- 63 Operations on spermatic cord, epididymis, and vas deferens
- 64 Operations on penis

13. OPERATIONS ON THE FEMALE GENITAL ORGANS (65-71)

- 65 Operations on ovary
- 66 Operations on fallopian tubes
- 67 Operations on cervix
- 68 Other incision and excision of uterus
- 69 Other operations on uterus and supporting structures
- 70 Operations on vagina and cul-de-sac
- 71 Operations on vulva and perineum

14. OBSTETRICAL PROCEDURES (72-75)

- 72 Forceps, vacuum, and breech delivery
- 73 Other procedures inducing or assisting delivery
Includes: spontaneous delivery with manual assistance.
- 74 Caesarean section and removal of fetus
- 75 Other obstetric operations
For HIS, includes also "normal delivery"

CLASSIFICATION OF OPERATIONS AND
APPENDIX II. NON-OPERATIVE PROCEDURES, FOR HIS

15. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (76-84)

- 76 Operations on facial bones and joints
Excludes: accessory sinuses (22); nasal bones (21); and skull (01) (02).
- 77 Incision, excision and division of other bones
Excludes: operations on facial bones (76); joint structures (80-81); nasal bones (21); and skull (01-02).
- 78 Other operations on bones, except facial bones
Excludes: operations on joint structures (80-81); nasal bones (21); and skull (01-02).
- 79 Reduction of fracture and dislocation
Includes: application of cast or splint; reduction with insertion of traction device.
Excludes: external fixation alone for immobilization of fracture (93); internal fixation without reduction of fracture (78); operations on facial bones (76); nasal bones (21); orbit (76); skull (02); vertebrae (03); removal of cast or splint (97); replacement of cast or splint (97); and traction alone for reduction of fracture (93).
- 80 Incision and excision of joint structures
Includes: operations on capsule of joint; cartilage; condyle; ligament; meniscus; and synovial membrane.
Excludes: cartilage of ear (18); nose (21); and joints of face (76).
- 81 Repair and plastic operations on joint structures
Includes: operations on ankle; knee; shoulder; elbow; wrist; hip; vertebrae; fingers; and toes not codable elsewhere and when condition is not specified and tissue (such as skin, bone, etc.) is not apparent.
- 82 Operations on muscle, tendon and fascia of hand
Includes: operations on synovial membrane and tendon sheath.
- 83 Operations on muscle, tendon, fascia and bursa, except hand
Includes: operations on synovial membrane and tendon sheaths.
Excludes: hand (82); diaphragm (34); and muscles of eye (15).
- 84 Other procedures on musculoskeletal system

16. OPERATIONS ON THE INTEGUMENTARY SYSTEM (85-86)

85 Operations on the breast

Includes: operations on skin of breast and previous mastectomy site (female or male).

86 Operations on skin and subcutaneous tissue

Includes: operations on hair follicles; male perineum; nails; sebaceous glands, subcutaneous fat pads; and superficial fossae.

Includes also: operations on regions such as arm; armpit; back; cheek; buttock; chin; feet; forearm; forehead; hand; head; heel; leg; neck; scalp; temple; temporal region; and thigh when specific tissue (such as bone; cartilage; joint; etc.) involved is not mentioned.

Excludes: those on skin of anus (49); breast (85); ear (18); eyebrow (08); eyelid (08); female perineum (71); lips (27); nose (21); penis (64); scrotum (61); and vulva (71).

Excludes also: operations on the head when a specific part (such as brain) is mentioned.

17. MISCELLANEOUS DIAGNOSTIC AND THERAPEUTIC PROCEDURES (87-99)

87 Diagnostic radiology

Includes: diagnostic X-Rays of face, head, neck, brain, skull, spine, chest, digestive tract, urinary system, genital organs, abdomen and breast.

Excludes: angiography (88).

88 Other diagnostic radiology and related techniques

Includes: CAT scan of abdomen; skeletal X-Rays of extremities; arteriograms using contrast material; and X-Rays of veins

Excludes: angiogram of eye (95).

89 Interview, evaluation, consultation, and examination

Includes: diagnostic interviews; neurological exams; gynecological exams; dental exams; digital exams of rectum; pacemaker checks; electrocardiograms and general physical exams.

90 Microscopic examination-I

Includes: microscopic examination of specimen from nervous system, spinal fluid, endocrine glands, eye, ear, nose, throat, larynx, trachea, bronchus, pleura, lung, of sputum, and blood.

91 Microscopic examination-II

Includes: microscopic examination of specimen from liver, bile ducts or passage, pancreas, peritoneal, retroperitoneal, kidney, ureter, perirenal, periureteral tissue, bladder, urethra, prostate, seminal vesicle, urine, semen, and female genital tract.

CLASSIFICATION OF OPERATIONS AND
APPENDIX II. NON-OPERATIVE PROCEDURES, FOR HIS

17. MISCELLANEOUS DIAGNOSTIC AND THERAPEUTIC PROCEDURES (87-99) CONTINUED

- 92 Nuclear medicine
Includes: scans radiation therapy (cobalt) (iodine)
- 93 Physical therapy, respiratory therapy, rehabilitation, and related procedures
Includes: diagnostic physical therapy; physical therapy exercises such as breathing exercises; manual traction; training in use of prosthesis; whirlpool treatments; heat therapy; skeletal traction; speech and reading training for blind; play therapy; education therapy; artificial respiration, mouth to mouth resuscitation; oxygen and helium therapy.
- 94 Psychiatric interviews, consultations and evaluations
Includes: routine psychiatric visits; psychoanalysis; psychiatric electroshock therapy and other non-operative procedures relating to the psyche.
- 95 Ophthalmologic and otologic diagnosis and treatment
Includes: eye exams; functional tests of eye; fitting glasses, contact lens; hearing tests; and fitting hearing aids.
- 96 Non-operative intubation and irrigation
Includes: insertion of airway tubes; ear packing; vaginal packing; insertion of vaginal diaphragm; rectal packing; dilation of rectum and anus; manual reduction of hernia; gastric lavage; irrigation of ostomies; cleaning of eye, ear and nose; lavage of bronchus and trachea.
- 97 Replacement and removal of therapeutic appliances
Includes: replacement of ostomy tubes; replacement of casts; removal of nasal packing, removal of dental wiring; removal of sutures from head and neck; removal of drainage tubes; removal of IUD and removal of sutures from genital tract.
- 98 Non-operative removal of foreign body
Includes: removal of foreign body from digestive system, ear, nose, larynx, vagina, etc., WITHOUT INCISION.
- 99 Other non-operative procedures
Includes: blood transfusions, exchange transfusions, injections or infusions of therapeutic or prophylactic substances; cardiac pacemaker (battery and sensing types), acupuncture and fitting of dentures.

APPENDIX III

(Revised January 2, 1979)

MODIFICATIONS OF THE INTERNATIONAL CLASSIFICATION OF
DISEASES, FOR USE IN THE UNITED STATES (ICD), NINTH
REVISION.

AS REVISED FOR THE HEALTH INTERVIEW SURVEY

U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
National Center for Health Statistics
Division of Health Interview Statistics

APPENDIX III

EXPLANATORY NOTES

- A. Differences Between ICD and ICDA, Eighth Revision
 Medical coders, supervisors, and statisticians are referred to Vol. 1, Introduction, for a discussion of how ICD differs from ICDA, Eighth Revision. HIS will base its diagnostic codes on those of ICD, as of January 2, 1979 but will make use of many of the same types of modifications it employed when ICDA was in use--before January 2. These modifications are included in this Appendix.
- B. Purpose of Appendix III
 Appendix III, completely rewritten as of January 2, 1979, lists in numerical order all diagnostic categories in 001-999 which have been changed, moved, deleted, or added by HIS in order to make the diagnostic coding more useful for HIS purposes.
- C. General Types of Modifications
 Many of the modifications used by HIS for ICDA are needed also for ICD and will be continued. These refer particularly to certain symptoms and ill-defined conditions, all kinds of impairments, and late effects of diseases, and injuries.
- 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 ICD code numbers in this column have been changed in regard to some inclusion or exclusion, or need some explanation in regard to what ICD includes there. In a few cases, the category title has been changed by HIS.
 2. "Not Used"
 The ICD 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 ICD 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.)
 3. "New Code"
 Categories with numbers in this column are HIS special codes which have been given a number which is not used by ICD.

APPENDIX III

MODIFICATIONS OF THE INTERNATIONAL CLASSIFICATION
OF DISEASES, (ICD) NINTH REVISION

AS REVISED FOR THE HEALTH INTERVIEW SURVEY

U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
National Center for Health Statistics
Division of Health Interview Statistics

CON-TENT	NOT USED	NEW CODE	CATEGORY TITLE
			<p>INFECTIVE AND PARASITIC DISEASES (001-136) (137-139) <u>Note:</u> For HIS, for acute infections not in 001-136, reported with or due to acute infections in 001-136, code the latter <u>only</u> as stated in rule 2d in Section IV, "Combining and Merging", of the Medical Coding Manual.</p>
	009.1		<p>COLITIS, ENTERITIS AND GASTROENTERITIS OF PRESUMED INFECTIOUS ORIGIN Invalid code for this country. Code listed terms in Vol. 1 to 558.</p>
	009.3		<p>DIARRHEA, OF PRESUMED INFECTIOUS ORIGIN Invalid code for this country. Code listed terms in Vol. 1 to 558.</p>
011.9			<p>PULMONARY TUBERCULOSIS (011) PULMONARY TUBERCULOSIS <u>Includes:</u> tuberculosis, NOS; tuberculosis respiratory, NOS <u>Excludes:</u> tuberculosis, stated to be arrested or inactive--now in 019, special code for HIS</p>
		019	<p>TUBERCULOSIS (PULMONARY) (ANY SITE) STATED TO BE ARRESTED OR INACTIVE</p>
079.9			<p>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 (008.8), or intestinal virus (008.8)</p>
094.1			<p>NEUROSYPHILIS (094) GENERAL PARESIS For HIS, <u>excludes</u> general paralysis or paralysis of entire body, cause unknown, code to X40.X. If child less than 2 months of age, code X40.9</p>
	137		LATE EFFECTS OF INFECTIOUS AND PARASITIC DISEASES (137-139)
	138		LATE EFFECTS OF TUBERCULOSIS
	139		LATE EFFECTS OF ACUTE POLIOMYELITIS
			LATE EFFECTS OF OTHER INFECTIOUS AND PARASITIC DISEASES

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
			<p>NEOPLASMS (140-239)</p> <p>These are to be coded, by site, as per ICD. 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;">200-208 (Leukemia, Hodgkin's disease, etc.)</p> <p style="padding-left: 40px;">140-199 (Malignant neoplasms; cancer)</p> <p style="padding-left: 40px;">210-229 (Benign tumors; certain cysts)</p> <p style="padding-left: 40px;">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 ICD, in 196-198. If no site is mentioned but the report says "full of cancer," code 199.0 or "tumors all over body," code 239.9 if <u>malignant or benign is not specified</u>, or 229.9 if benign is specified.</p> <p>If two or more sites or types in 140-229, 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>
218			<p>UTERINE FIBROMA For HIS, <u>includes also</u> fibroid cyst</p>
	230- 234		<p>CARCINOMA IN SITU (230-234)</p>
	235- 238		<p>NEOPLASM OF UNCERTAIN BEHAVIOR (235-238) For HIS, conditions indexed by ICD to categories 235-238, will be coded to Neoplasm, unspecified nature, if not specified as benign or malignant.</p>

CON-TENT	NOT USED	NEW CODE	CATEGORY TITLE
			ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES AND IMMUNITY DISORDERS (240-279)
261			<p>NUTRITIONAL MARASMUS</p> <p>For HIS <u>includes</u> the listed conditions of any duration, in persons of any age, if stated to be due to malnutrition or other eating or nutritional problems. <u>Excludes</u> them if due to cancer or other active disease; code the disease only.</p>
263.9			<p>OTHER AND UNSPECIFIED PROTEIN-CALORIE MALNUTRITION (263)</p> <p>UNSPECIFIED</p> <p><u>Includes</u> loss of weight or underweight in persons of any age, if stated to be due to malnutrition. <u>Excludes</u> this if due to cancer or other active disease; code the disease only.</p> <p>For low birthweight constituting immaturity in infants, see ICD 765.1</p>
	268.1		<p>VITAMIN D DEFICIENCY (268)</p> <p>RICKETS, LATE EFFECT</p>
269.9			<p>OTHER NUTRITIONAL DEFICIENCIES (269)</p> <p>UNSPECIFIED</p> <p><u>Includes</u> loss of weight or underweight in persons of any age if stated to be due to eating or nutrition problems (other than malnutrition). <u>Excludes</u> this if due to cancer or other active disease; code the disease only.</p> <p>For low birthweight constituting immaturity in infants, see ICD 765.1</p>
278.0			<p>OBESITY AND OTHER HYPERALIMENTATION (278)</p> <p>OBESITY</p> <p>For HIS, <u>includes</u> obesity or overweight, any onset with cause unknown (or familial or hereditary) in persons of any age. <u>Excludes also</u> obesity or overweight due to any specified active cause in persons of any age, regardless of date of onset; code cause only.</p>

APPENDIX III

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
			DISEASES OF BLOOD AND BLOOD-FORMING ORGANS (280-289)
			DISEASES OF WHITE BLOOD CELLS (288)
288.8			OTHER For HIS, <u>includes</u> : Excess or lack of white corpuscles.
			OTHER DISEASES OF BLOOD AND BLOOD FORMING ORGANS (289)
289.6			OTHER For HIS, <u>includes</u> : Excess or lack of red corpuscles.
289.9			UNSPECIFIED For HIS, <u>includes</u> : low blood count; "low" blood; "tired" blood.

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
290.1			<p>MENTAL DISORDERS (290-319)</p> <p>PSYCHOSES (290-299)</p> <p>SENILE AND PRESENILE ORGANIC PSYCHOTIC CONDITIONS (290)</p> <p>PRESENILE DEMENTIA Use additional code to identify the associated neurological condition.</p>
290.4			<p>ARTERIOSCLEROTIC DEMENTIA Use additional code to identify cerebral arteriosclerosis (437.0)</p>
293			<p>TRANSIENT ORGANIC PSYCHOTIC CONDITIONS (293) Use additional code to identify the associated physical or neurological condition.</p>
294.1			<p>OTHER ORGANIC PSYCHOTIC CONDITIONS (CHRONIC) (294)</p> <p>DEMENTIA IN CONDITIONS CLASSIFIED ELSEWHERE Use additional code to identify the physical condition.</p>
299.1			<p>OTHER PSYCHOSES (295-299) Psychoses classifiable to 295-298 associated with a physical disease, injury or condition affecting the brain; code to 295-298 and code the associated physical condition also.</p> <p>PSYCHOSES WITH ORIGIN SPECIFIC TO CHILDHOOD (299)</p>
303			<p>DISINTEGRATIVE PSYCHOSIS Use additional code to identify any associated neurological disorder.</p> <p>NEUROTIC DISORDERS, PERSONALITY DISORDERS AND OTHER NON-PSYCHOTIC MENTAL DISORDERS (300-316)</p>
304			<p>ALCOHOL DEPENDENCE SYNDROME "Drunkness" must be described as "acute" or "chronic" in order to code 303.</p>
304			<p>DRUG DEPENDENCE 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 <u>not</u> to be used</p>

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
			(290-319)---continued
305.0			NON DEPENDENT ABUSE OF DRUGS (305) ALCOHOL For HIS, <u>includes</u> : "drinking," "drunkenness," NOS, "hangover."
306	306.0 306.6 306.7 306.8 306.9		PHYSIOLOGICAL MALFUNCTION ARISING FROM MENTAL FACTORS (306) For HIS, only categories 306.1 (respiratory), 306.2 (cardio-vascular), 306.3 (skin), 306.4 (gastrointestinal), 306.5 (genitourinary) will be used. Conditions indexed by ICD to the other 4th digits in 306 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 HIS, if allergy is also a factor in disorders codable to 306.1, 306.2, 306.3, 306.4 or 306.5, code only the allergy--ignoring "nerves."
306.2			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. SPECIAL SYMPTOMS OR SYNDROMES NOT ELSEWHERE CLASSIFIED (307) For HIS, amendments have been made, as shown below. Categories 307.0-307.9 will not be used if the cause of any in 307 is known to be a physical (body) disease or current injury.
307.0			STAMMERING AND STUTTERING -3 mos. For HIS, code to X10 if 3 mos+, by the rules for Impairments. See also Section V, Impairments.
307.5			OTHER AND UNSPECIFIED DISORDERS OF EATING For HIS, <u>excludes</u> loss of appetite NOS (783.0) and faulty or improper diet among relatively stable persons (269.9)
307.8			PSYCHALGIA For HIS, <u>excludes</u> tension headache (784.0), headache due to "nerves," "nervousness," (784.0) or nervous headache (784.0)
307.9			OTHER <u>Includes</u> lalling and lispig -3 mos. If these are 3 mos+, code to X11. See also Section V, Impairments. For HIS, <u>includes</u> disturbance of speech, psychogenic or due to "nerves."

CON - TENT	NOT USED	NEW CODE	CATEGORY TITLE
			(290-319)--continued
			SPECIFIC DELAYS IN DEVELOPMENT (315)
	315.0		<p>SPECIFIC READING RETARDATION</p> <p>Conditions indexed to this category will be coded to X14, regardless of onset. See also Section V, Impairments.</p>
	315.1		<p>SPECIFIC ARITHMETICAL RETARDATION</p> <p>Conditions indexed to this category will be coded to X14, regardless of onset. See also Section V, Impairments.</p>
	315.2		<p>OTHER SPECIFIC LEARNING DIFFICULTIES</p> <p>Conditions indexed to this category will be coded to X14, regardless of onset. See also Section V, Impairments.</p>
315.3			<p>DEVELOPMENTAL SPEECH OR LANGUAGE DISORDER</p> <p><u>Includes</u> listed conditions -3 mos. If 3 mos+, code X11. See also Section V, Impairments.</p>
315.4			<p>SPECIFIC MOTOR RETARDATION</p> <p><u>Includes</u> listed conditions -3 mos. If 3 mos+, code to Paralysis, partial, by site. See also Section V, Impairments.</p>
315.5			<p>MIXED DEVELOPMENT DISORDER</p> <p>If speech disorders involved, 3 mos+, code X11. See also Section V, Impairments. If learning disorder involved, 3 mos+, code X14. See also Section V, Impairments. If motor coordination involved, code as for Paralysis, partial in the X-code. See also Section V, Impairments.</p>

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
116			<p>(290-319)--continued</p> <p>PSYCHIC FACTORS ASSOCIATED WITH DISEASES CLASSIFIED ELSEWHERE (316)</p> <p>FOR HIS, THESE CODES WILL NEVER BE USED ALONE. ALWAYS USE AN ADDITIONAL CODE TO IDENTIFY THE PHYSICAL CONDITION.</p> <p>For HIS, categories 316.0-316.9 <u>include also</u> "nerves" (and equivalents), and other emotional or psychiatric conditions <u>except psychosis</u>, if these <u>non-psychotic</u> nervous or mental conditions are due to physical causes. Exception: As per ICD, alcoholism (303) and drug dependence (304) and non-psychotic nervous or mental conditions due to these specific causes, will be coded to 303 or 304--not 316.8. However, if the alcoholism or drug addiction, itself, is due to a physical condition--for example, cancer--use 316.8 and code cancer also.</p> <p>For HIS, non-psychotic mental or nervous disorders due to the following will be given only one code:</p> <ul style="list-style-type: none"> a. Menopause: code 627.2 only b. Senility or presenility: code 290.9 only <p>316.0 MUSCULOSKELETAL</p> <p>316.1 RESPIRATORY</p> <p>316.2 CARDIOVASCULAR</p> <p>316.3 SKIN</p> <p>316.4 GASTROINTESTINAL</p> <p>316.5 GENITOURINARY</p> <p>316.6 ENDOCRINE</p> <p>316.7 ORGANS OF SPECIAL SENSE</p> <p>316.8 OTHER</p> <p>316.9 UNSPECIFIED</p> <p>MENTAL RETARDATION (317-319)</p>
317 318 319			<p>MENTAL RETARDATION</p> <p>For HIS, code all degrees of mental deficiency or retardation to X19. See also Section V, Impairments.</p>

CON-TENT	NOT USED	NEW CODE	CATEGORY TITLE
323.5			<p>DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS (320-389)</p> <p>(For Vascular lesions of CNS, <u>see</u> Cerebrovascular Disease, 430-435, 437, this Appendix.)</p> <p>ENCEPHALITIS, MYELITIS, AND ENCEPHALOMYELITIS (323)</p> <p>POSTIMMUNIZATION ENCEPHALITIS Includes current "complications" consisting of <u>encephalitis</u> or <u>myelitis</u> due to vaccination, immunization, preventive shots, against smallpox, flu, tetanus or any disease.</p>
	326		<p>LATE EFFECTS OF INTRACRANIAL ABSCESS OR PYOGENIC INFECTION Code residuals, 3 most, according to the type of residual specified, using the X-code, if applicable, or the appropriate code in ICD--<u>not</u> 326.</p>
	331.3		<p>COMMUNICATING HYDROCEPHALUS For HIS, code acquired or congenital hydrocephalus to X93. See also Section V, Impairments.</p>
	331.4		<p>OBSTRUCTIVE HYDROCEPHALUS For HIS, code acquired or congenital hydrocephalus to X93. See also Section V, Impairments.</p>
333.2			<p>OTHER EXTRAPYRAMIDAL DISEASE AND ABNORMAL MOVEMENT DISORDERS (333)</p> <p>MYOCLONUS <u>Includes</u> jerk, jerking---any site</p>
	342		<p>HEMIPLEGIA For HIS, code to the X-code. See also Section V, Impairments.</p>
	343		<p>INFANTILE CEREBRAL PALSY For HIS, code the listed conditions, or any form of "cerebral palsy" to X50, using the 4th digit etiology code "9" 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. See also Section V, Impairments.</p>

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
			(320-389)--continued
	344.0		OTHER PARALYTIC SYNDROMES (344)
	344.2		For HIS, all forms of paralysis, 3 mos+, are coded to the X-code. See also Section V, Impairments.
	344.3		
	344.4		
	344.5		Paralysis -3 mos, of specified cause, code cause <u>only</u> . <u>If</u>
	344.6		<u>-3 mos, and cause is not known</u> , code as follows:
	344.8		
	344.9		<p>one arm, leg, hand, finger, foot (monoplegia): code 781.4</p> <p>spine or spinal, NOS: code 344.1 as amended</p> <p>two or more extremities (limbs): code to 437, as amended</p> <p>other sites (bladder, face, larynx, etc.): See Vol. 2</p> <p>paralysis of unspecified site (-3 mos) will be coded to X64.X. If child less than 2 months of age, code X64.9.</p>
344.1			<p>PARAPLEGIA</p> <p>For HIS, this category will be used only for paralysis, spine or spinal, with no mention of extremities (limbs) 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. See also Section V, Impairments.</p>
			<p>EPILEPSY (345)</p> <p>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. For example: code psychosis due to epilepsy to 294.1 and 345.-; code non-psychotic mental disorders due to epilepsy to 316.8 and 345.-; code mental deficiency due to epilepsy to X19 and 345.-.</p>
345.9			<p>UNSPECIFIED</p> <p>For HIS, <u>includes</u> also: repeated or chronic, 3 mos+, convulsions, fits, seizures. <u>Excludes</u> "black out" spells (780.2); convulsions, fits, seizures, -3 mos, cause unknown (780.3).</p>

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
346			<p>(320-389)--continued</p> <p>MIGRAINE For HIS, <u>includes</u> migraine due to "nerves" or allergy; code 346.- only. Vision disturbances due to migraine; code 346.8 only. Migraine and menopause: code each. Migraine and sinus: code each.</p> <p>Code headache as per ICD index, and the general coding rules for HIS.</p>
348			<p>OTHER CONDITIONS OF BRAIN For HIS, <u>excludes</u> "brain damage," or "birth injury," 3 most, with no residual specified (X99).</p> <p>For HIS, paralysis (cerebral or spinal), involving one or more extremities (limbs), is coded as explained in 344, this Appendix.</p>
349.0			<p>OTHER AND UNSPECIFIED DISORDERS OF THE NERVOUS SYSTEM (349)</p> <p>REACTION TO LUMBAR OR SPINAL PUNCTURE <u>Includes also</u> headache or other condition due to "spinal tap".</p> <p>See also Complications of Surgical and Medical Care (996-999) this Appendix and code according to rules listed.</p>

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
			(320-389)--continued
			DISORDERS OF THE PERIPHERAL NERVOUS SYSTEM (350-359) For HIS, any type of residual palsy or paralysis listed in 350-359, or elsewhere, will be coded to the X-code, by the rules for Impairments, if onset is 3 mos+. See also Section V, Impairments.
			TRIGEMINAL NERVE DISORDERS (350)
350.1			OTHER TRIGEMINAL NEURALGIA <u>Excludes</u> "tic NOS," (307.2) and tic or "twitching" of face or eye as in 307.2
			FACIAL NERVE DISORDERS (351)
351.0			BELL'S PALSY <u>Excludes</u> facial paralysis in infants under 2 mos. of age (767.5); and paralysis, face, 3 mos+ (X61). See also Section V, Impairments.
			NERVE ROOT AND PLEXUS DISORDERS (353)
	353.5		NEURALGIC AMYOTROPHY For HIS, code to X70-X79, by site. See also Section V, Impairments.
			MONONEURITIS OF UPPER LIMB AND MONONEURITIS MULTIPLEX (354)
354.5			MONONEURITIS MULTIPLEX <u>Includes</u> combinations of single conditions* classifiable* to 354.- or to 355.-

CON-TENT	NOT USED	NEW CODE	CATEGORY TITLE
			<p>(320-389)--continued</p> <p>DISORDERS OF THE EYE AND ADNEXA (360-379)</p> <p><u>NOTES:</u></p> <p>a. <u>See</u> Medical Coding Manual, Visual Impairments, for special rules for coding eye diseases and visual impairments.</p> <p>b. For HIS, <u>stated</u> descriptive terms indicating poor vision, loss of vision, bad eyesight, poor eyesight, etc. will be coded to X00-X03 by degree of stated visual loss in one or both eyes.</p> <p>c. Category 369 (Blindness) will not be used. See X-code (X00-X03) for all Visual Impairments and special etiology codes.</p> <p>d. For HIS, all congenital anomalies of eye in 743.0-743.9 will be coded to the acquired diseases of the same type and site in 360-379. See also 743, this Appendix.</p>
366			<p>CATARACT</p> <p>For HIS, if traumatic and 3 mos+, code to 366.2 only; if due to injury, -3 mos, code the original injury and the cataract (366.2) also.</p>
368			<p>VISUAL DISTURBANCES</p> <p>For HIS, <u>includes</u> the following terms: "amblyopia," "double vision," "light hurts eyes" (photophobia), "eye strain," "half vision," "blind spots," "color blindness," "night blindness," and "day blindness."</p> <p>For HIS, double vision, color blindness, night blindness and day blindness requires an additional X-code. See Section V, Impairments.</p>
		369	<p>BLINDNESS AND LOW VISION</p> <p><u>See</u> Medical Coding Manual, Visual Impairments</p>
378			<p>STRABISMUS AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS</p> <p>For HIS, <u>includes also</u> "cross eye," "lazy eye,"; paralysis, weakness, or other disorders of muscles of eyeball.</p>
379			<p>OTHER DISORDERS OF EYE</p> <p>For HIS, <u>includes</u> eye trouble, NEC; and congenital disorders of eye not included in 360-378, as amended.</p>

CON-TENT	NOT USED	NEW CODE	CATEGORY TITLE
			<p>(320-389)--continued</p> <p>DISEASES OF THE EAR AND MASTOID PROCESS (380-389)</p> <p>a. For HIS, colds and <u>acute</u> upper respiratory infections in 460-465 resulting in <u>acute</u> ear infections or earache in 381.0, 382.0, 382.9, 383.0, 383.2, 384.0 or 388.7 are coded to the <u>acute</u> ear infection or earache only, according to HIS rules for 460-465.</p> <p>b. Ear infections in 381-384 accompanying or due to infectious diseases in 001-136 are coded to 001-136 only.</p> <p>c. For HIS method of coding deafness and other hearing impairments and their causes, <u>see</u> Medical Coding Manual, Hearing Impairments.</p>
380			<p>DISORDERS OF EXTERNAL EAR</p> <p><u>Excludes</u> fungus infections of ear, assumed to be of the outer ear or skin of ear, and coded to 110.8. However, the term "infection of ear" NOS will be coded as for Otitis Media (382.9) (inflammation of the middle ear.) Infection of outer ear, code 380.1. Infection of inner ear, code 386.3.</p>
			<p>MASTOIDITIS AND RELATED CONDITIONS (383)</p>
383.3			<p>COMPLICATIONS FOLLOWING MASTOIDECTOMY</p> <p>See Complications of Surgical and Medical Care (996-999) this Appendix and code according to rules listed.</p>
			<p>OTHER DISORDERS OF TYMPANIC MEMBRANE (384)</p>
384.2			<p>PERFORATION OF TYMPANIC MEMBRANE (NON-TRAUMATIC) (TRAUMATIC, NEC)</p> <p>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 only.</p>

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
			<p>(320-389)--continued</p> <p>(380-389)--continued</p> <p>OTHER DISORDERS OF EAR (388)</p>
388.9	388.2		<p>SUDDEN HEARING LOSS, UNSPECIFIED For HIS, code to X-code. See also Section V, Impairments.</p> <p>UNSPECIFIED 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 X05-X09, by extent of hearing loss, but do not code the causative defect or deformity in addition. For HIS, includes conditions in 744.0-744.3 without statement or indication of a hearing impairment.</p>
	389		<p>DEAFNESS (389) For HIS, code to X05-X09</p>

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
			<p>DISEASES OF THE CIRCULATORY SYSTEM (390-459)</p> <p>RHEUMATIC FEVER (390-398) Rheumatic fever will combine with heart disease, heart trouble and other ill-defined heart conditions when <u>stated</u> to be of rheumatic origin, or reported with rheumatic fever. Hypertension and/or arteriosclerosis <u>will not</u> combine with Rheumatic fever or Rheumatic heart disease.</p>
	391		<p>RHEUMATIC FEVER WITH HEART INVOLVEMENT For HIS, this code will not be used as both rheumatic fever and heart disease are considered as always chronic and receive the diagnostic code for the chronic state of the conditions.</p>
		399	<p>RHEUMATIC FEVER, INACTIVE (OLD) (HISTORY) For HIS, includes rheumatic fever (and synonyms) <u>stated</u> to be inactive or cured.</p>
			<p>HYPERTENSIVE DISEASE (401-405) NOTE: If hypertension is mentioned with conditions in 414, 430-435, 437 an additional code for hypertension is required.</p>
402			<p>HYPERTENSIVE HEART DISEASE <u>Includes</u> conditions in 428, 429.0, 429.1, 429.2, 429.3, 429.8 and 429.9 <u>described as "hypertensive" or is due to (caused by) hypertension.</u></p>
403			<p>HYPERTENSIVE RENAL DISEASE <u>Includes</u> kidney or renal conditions in 585, 586 and 587 if hypertension is also present.</p>
404			<p>HYPERTENSIVE HEART AND RENAL DISEASE <u>Includes</u> any condition in 403, if a heart condition in 428, 429.0, 429.1, 429.2, 429.3, 429.8 or 429.9 is <u>also present and described as "hypertensive" or is due to (caused by) hypertension.</u></p>

CON-TENT	NOT USED	NEW CODE	CATEGORY TITLE
			(390-459)--continued
	410		ISCHAEMIC HEART DISEASE (410-414)
	411		NOTE: For HIS, categories 410, 411 and 412 will not be used.
	412		Conditions indexed by ICD to 410, 411 and 412 will be coded to category 414. Thus ischemic heart disease (essentially coronary conditions), of any onset, will be coded to category 414.
			OTHER FORMS OF CHRONIC ISCHAEMIC HEART DISEASE (414) For HIS, <u>includes also</u> any condition indexed by ICD to 410, 411 and 412, regardless of date of onset.
414.0			CORONARY ATHEROSCLEROSIS This category must be described as "arteriosclerotic" or <u>due to</u> (caused by) arteriosclerosis; otherwise, code the heart disease and 440.9 also.
414.9			UNSPECIFIED Conditions codable to 414.9 with others in 414.0-414.8: prefer codes 414.0-414.8 over 414.9. If multiple conditions codable to 414.0-414.8, code each condition.
			CHRONIC PULMONARY HEART DISEASE (416)
416.1			KYPHOSCOLIOTIC HEART DISEASE For HIS, <u>includes also</u> any conditions in 426-429, 785.0, and 785.1 with mention of curvature of spine as in X70, <u>provided</u> the curvature is stated to be related to, or causing, the heart condition. Code X70 also.
			OTHER FORMS OF HEART DISEASE (420-429)
424			OTHER DISEASES OF ENDOCARDIUM For HIS, conditions in 424 described as "arteriosclerotic", or arteriosclerosis is given as the cause of endocarditis, code 424 only. Conditions in 424 reported with rheumatic fever, rheumatic heart disease or is described as rheumatic will be coded to Rheumatic heart disease. Code arteriosclerosis also, if present.

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
427			<p>(390-459)--continued</p> <p>CARDIAC DYSRHYTHMIAS For conditions in 427 described as <u>due to</u> or <u>caused by</u> a heart condition in 410-414, code the heart condition in 410-414 only. <u>See also</u> category 410-414 this Appendix.</p>
428			<p>HEART FAILURE Conditions codable to 428 described as "hypertensive" or <u>due to</u> (caused by) hypertension will be coded to 402.9.</p> <p>Conditions in 428 described as <u>due to</u> or <u>caused by</u> a heart condition in 410-414 will be coded to the heart condition in 410-414 only. <u>See also</u> category 410-414 this Appendix.</p>
429			<p>ILL-DEFINED DESCRIPTIONS AND COMPLICATIONS OF HEART DISEASE Conditions in 429.0-429.3, 429.8 and 429.9 described as "hypertensive" or <u>due to</u> (caused by) hypertension will be coded to 402.9.</p> <p>Conditions codable to 429.0, 429.1 or 429.2 include the listed conditions with or without mention of arteriosclerosis. However, code arteriosclerosis also, if present.</p> <p>Conditions codable to 429.0, 429.1, 429.3, 429.8 or 429.9 with rheumatic fever or described as rheumatic, will be coded as Rheumatic heart disease. If hypertension and/or arteriosclerosis is also present, code each separately.</p> <p>Conditions in 429 described as <u>due to</u> or <u>caused by</u> a heart condition in 410-414 will be coded to the heart condition in 410-414 only. <u>See also</u> category 410-414 this Appendix.</p>
429.4			<p>FUNCTIONAL DISTURBANCES FOLLOWING CARDIAC SURGERY See Complications of Surgical and Medical Care (996-999) this Appendix and code according to rules listed.</p>
	429.6		<p>RUPTURE OF PAPILLARY MUSCLE For HIS, code to category 414.</p>

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
			(390-459)--continued
			CEREBROVASCULAR DISEASE (430-438)
			NOTES:
	436		a. For HIS, categories 436 and 438 will not be used. Conditions indexed by ICD to 436 will be coded to 437. Thus, if specific lesions in 430-435 are not applicable, only 437 will be used in this series, regardless of date of onset.
	438		b. If hypertension is mentioned with categories 430-435, 437, code hypertension <u>also</u> .
			c. As formerly, for HIS, no person will be given more than one code in 430-435, 437 even though he may have had more than one "stroke" or other cerebrovascular condition, and whether or not he has one or more residuals.
			d. If the person has paralysis 3 mos ⁺ , or any other impairment in the X-code; due to a cerebrovascular lesion, code these also, by the rules for Impairments, with .1 for the etiology. For example: "hemiplegia 3 mos ⁺ , speech defect 3 mos ⁺ , both due to stroke," code X41.1, X11.1 and 437.9.
			e. Paralysis of a single extremity (one arm, leg, hand, or foot), <u>-3 mos, of unknown cause</u> is to be coded to 781.4. Paralysis of 2 or more extremities (hemiplegia, paraplegia, etc.,) <u>-3 mos, of unknown cause</u> will be coded to 437, as amended.
			f. For psychosis and non-psychotic mental disorders, due to cerebrovascular lesions, code 290.4, 294.1, 294.8 or 316.8 <u>also</u> , as appropriate.
			g. Any condition in 430-435, 437 due to an old injury (3 mos ⁺) will be coded without reference to the original injury; however, if due to a recent injury (-3 mos), code only to the causative injury.
			OTHER AND ILL-DEFINED CEREBROVASCULAR DISEASE (437)
			CEREBRAL ATHEROSCLEROSIS
			This category must be described as "arteriosclerotic" or <u>due to</u> (caused by); otherwise, code 437.9 and 440.9.
437.0			

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
			<p>(390-459)--continued</p> <p>DISEASES OF ARTERIES, ARTERIOLES, AND CAPILLARIES (440-448)</p> <p>ATHEROSCLEROSIS (440)</p> <p>a. Arteriosclerosis <u>will not</u> combine with any condition unless <u>stated due to</u> (caused by) or described as "arteriosclerotic".</p> <p>b. If arteriosclerosis is mentioned with heart conditions in 429.0, 429.1 and 429.2, code the heart condition and arteriosclerosis also.</p>
440.2			<p>OF ARTERIES OF THE EXTREMITIES</p> <p>The term atherosclerotic gangrene must be so described or gangrene must be <u>due to</u> (caused by) arteriosclerosis.</p> <p>DISEASES OF VEINS AND LYMPHATICS, AND OTHER DISEASES OF CIRCULATORY SYSTEM (451-459)</p> <p>NONINFECTIVE DISORDERS OF LYMPHATIC CHANNELS (457)</p>
457.0			<p>POSTMASTECTOMY LYMPHEDEMA SYNDROME</p> <p>For HIS, <u>includes</u> "swollen arm" or other lymph gland difficulties following removal of breast: code X32 <u>and</u> 457.0. <u>Excludes</u> present and specified "complications" of breast removal which are <u>not</u> part of the lymphedema syndrome; code these to 997 OR 998 <u>and</u> X32. See also Complications of Surgical and Medical Care (996-999) this Appendix and code according to rules listed, and see also Section V, Impairments.</p>

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
			(460-519)--continued (460-466)--continued
462			ACUTE PHARYNGITIS For HIS, <u>includes</u> sore, inflamed throat, or viral infection throat, -3 mos; if 3 mos+, code 472.1. <u>Excludes</u> infected throat NOS, code 478.2 (any onset).
463			ACUTE TONSILLITIS For HIS, <u>includes</u> adenoids or tonsils, "bad," diseased, enlarged, or infected, -3 mos; if 3 mos+, see category 474, this Appendix.
465			ACUTE UPPER RESPIRATORY INFECTIONS OF MULTIPLE OR UNSPECIFIED SITE 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.
			OTHER DISEASES OF UPPER RESPIRATORY TRACT (470-478)
474			CHRONIC DISEASE OF TONSILS AND ADENOIDS For HIS, if on Hospital Page only or on Condition Page and also on Hospital Page, with or without surgery, code to 474 regardless of onset.
477			ALLERGIC RHINITIS <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 also those in 493.0-493.9, code 493.0-493.9 only; if <u>skin</u> or <u>other</u> allergy is indicated, code those separately.
		477.7	ALLERGIES WITH MULTIPLE CAUSES For HIS, <u>includes</u> upper respiratory allergies with multiple specified causes in 477.0 and 477.8, without lower respiratory involvement.

CON-TENT	NOT USED	NEW CODE	CATEGORY TITLE
			<p>(460-519)--continued (470-478)--continued</p> <p>OTHER DISEASES OF UPPER RESPIRATORY TRACT (478)</p>
478.2			<p>OTHER DISEASES OF PHARYNX, NOT ELSEWHERE CLASSIFIED <u>Includes</u> infected throat NOS (any onset) <u>Excludes</u> "throat infection, viral"--code as for pharyngitis (462); and paralysis of throat 3 mos+ (X63); if speech is affected, code as speech impairment NEC (X11), only.</p>
478.3			<p>PARALYSIS OF VOCAL CORDS OR LARYNX <u>Excludes</u> paralysis of these sites, 3 mos+ (X63); if speech is affected, code as speech impairment NEC (X11), only.</p>
			<p>PNEUMONIA (480-486) AND INFLUENZA (487) Code pneumonia, by type, as in Vol. 2 For HIS, acute conditions in 460-466, or pleurisy, (511.0), with conditions in 480-486 will be coded to 480-486 only. <u>See also</u> notes above 460.</p>
			<p>CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND ALLIED CONDITIONS (490-496)</p>
490			<p>BRONCHITIS, UNQUALIFIED <u>Excludes</u> bronchitis -3 mos (466.0); bronchitis 3 mos+ (491.9); for bronchitis, onset unknown, described as asthmatic, code 493.9. For bronchitis reported with asthma, code asthma (493.0-493.9) and 490 also.</p>
491			<p>CHRONIC BRONCHITIS For HIS, <u>excludes also</u>, bronchitis of any onset described as allergic or due to allergy (493.9). For bronchitis reported with bronchiectasis, code 494 only; described as emphysematous or with emphysema, code the bronchitis, and 492 also. For bronchitis reported with asthma, code asthma (493.0-493.9) and 491.- also.</p>
491.2			<p>OBSTRUCTIVE CHRONIC BRONCHITIS <u>Includes</u> chronic bronchitis described as asthmatic or <u>due to</u> asthma.</p>

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
492			<p>(460-519)--continued (490-496)--continued</p> <p>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>.</p>
493			<p>ASTHMA For HIS, <u>includes also</u>: allergy manifested by coughing, breathing difficulty, wheezing, chest symptoms; for allergic pneumonia, however, code 518.3 as per ICD. multiple respiratory allergic symptoms, upper <u>and</u> lower.</p> <p><u>Excludes</u> also allergy manifested by upper respiratory symptoms but without symptoms of asthma: <u>see</u> 477.9 (hay fever).</p> <p>For asthma (493) with <u>skin</u> or <u>other</u> allergy also, code 493.- AND the skin or other allergy separately. <u>See also</u> 692 and 693, this Appendix.</p> <p><u>Excludes</u> cardiac asthma (428.1) as per ICD. 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 493.9 <u>also</u>.</p>
494			<p>BRONCHIECTASIS For HIS, for bronchitis of any onset with bronchiectasis, code 494 only. For bronchiectasis with other respiratory conditions in 460-519, code 494 and the other respiratory condition(s), as instructed by HIS.</p> <p>OTHER DISEASES OF RESPIRATORY SYSTEM (510-519)</p> <p>PLEURISY (511)</p>
511.0			<p>WITHOUT MENTION OF EFFUSION OR CURRENT TUBERCULOSIS For HIS, <u>excludes also</u> pleurisy as in 511 with pneumonia; code to pneumonia.</p>

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
			<p>DISEASES OF THE DIGESTIVE SYSTEM (520-579)</p> <p>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.</p> <p>520.0 ANONDONTIA 520.1 SUPERNUMERARY TEETH 520.2 ABNORMALITIES OF SIZE AND FORM 520.5 HEREDITARY DISTURBANCES IN TOOTH STRUCTURE NEC 521.6 ANKYLOSIS, DENTAL</p> <p>524 DENTOFACIAL ANOMALIES INCLUDING MALOCCLUSION</p> <p>OTHER DISEASES AND CONDITIONS OF THE TEETH AND SUPPORTING STRUCTURES (525)</p>
525.1			<p>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> due to injury -3 mos. <u>Excludes</u> acquired absence of teeth 3 mos+ (X92.)</p> <p>DISEASES OF THE JAWS (526)</p>
526.9			<p>UNSPECIFIED For HIS, <u>excludes</u> pain in jaw, 3 mos+ (X92).</p> <p>HERNIA OF ABDOMINAL CAVITY (550-553) Hernia will be coded by site as per ICD, 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 also</u> 848. Hernia, 3 mos+, due to injury, will be coded to 550-553 without reference to traumatic origin.</p> <p>OTHER DISEASES OF INTESTINES AND PERITONEUM (560-569) Paralysis (partial) of intestines or any part of digestive tract, 3 mos+, code X63. <u>See also</u> Section V, Impairments.</p>

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
564.2			<p>(520-579)--continued</p> <p>FUNCTIONAL DIGESTIVE DISORDERS, NOT ELSEWHERE CLASSIFIED (564)</p> <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 X-code is required to express absence of stomach. See also Complications of Surgical and Medical Care (996-999) this Appendix and code according to rules listed.</p> <p>OTHER DISORDERS OF INTESTINE (569)</p>
569.6			<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 X94 and 569.6. See also Complications of Surgical and Medical Care (996-999) this Appendix and code according to rules listed and see also Section V, Impairments.</p> <p>OTHER DISEASES OF DIGESTIVE SYSTEM (570-579)</p> <p>OTHER DISORDERS OF LIVER (573)</p>
573.3			<p>HEPATITIS UNSPECIFIED For HIS, <u>includes</u> hepatitis, unspecified type or cause, any onset. <u>HEPATITIS must be described as "acute", "chronic" or "infectious," or other specified modifiers listed in Vol. 2, in order to be coded to the various kinds of hepatitis.</u></p>
573.8			<p>OTHER <u>Includes</u> hypertrophy of liver <u>described as acute.</u></p> <p>CHOLELITHIASIS (574)</p>
574.2			<p>CALCULUS OF GALLBLADDER WITHOUT MENTION OF CHOLECYSTITIS For HIS, <u>includes</u> also "disease of gallbladder NOS" with gallstones.</p> <p>OTHER DISORDERS OF BILIARY TRACT (576)</p>
576.0			<p>POSTCHOLECTOMY SYNDROME This code will be used only when the complication is stated as "postcholectomy syndrome." See Complications of Surgical and Medical Care (996-999) and code according to rules listed.</p>

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
582.9			<p>DISEASES OF THE GENITOURINARY SYSTEM (580-629)</p> <p>CHRONIC GLOMERULONEPHRITIS (582)</p> <p>UNSPECIFIED For chronic nephritis described as "arteriosclerotic," see 403.</p> <p>NEPHRITIS AND NEPHROPATHY, NOT SPECIFIED AS ACUTE OR CHRONIC (583)</p>
583.9			<p>WITH UNSPECIFIED PATHOLOGICAL LESION IN KIDNEY Use this category only when onset is unknown.</p> <p>OTHER DISEASES OF URINARY SYSTEM (590-599)</p>
596.5			<p>OTHER DISORDERS OF BLADDER (596)</p> <p>OTHER FUNCTIONAL DISORDERS OF BLADDER For HIS, <u>includes</u> paralysis, bladder, unknown cause, -3 mos. If -3 mos, with known cause, code cause only. Excludes paralysis, 3 mos+, code to X62.</p>
611.8			<p>DISORDERS OF BREAST (610-611)</p> <p>OTHER DISORDERS OF BREAST (611)</p> <p>OTHER For HIS, <u>excludes</u> absence of breast (X32) and absence, nipple (congenital) (X32.9).</p>
627.2			<p>OTHER DISORDERS OF FEMALE GENITAL TRACT (617-629)</p> <p>MENOPAUSAL AND POSTMENOPAUSAL DISORDERS (627)</p> <p>MENOPAUSAL OR FEMALE CLIMACTERIC STATES For HIS, <u>includes</u> non-psychotic nervous or mental conditions due to menopause; code 627.2 only. <u>Excludes</u> menopause causing psychosis as in 296.1, 297.2, 298.8; in such cases, code the psychosis only.</p>

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CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
			<p data-bbox="451 216 1414 279">DELIVERIES AND COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM (630-676)</p> <p data-bbox="451 348 675 380"><u>Notes for HIS</u></p> <ol data-bbox="451 415 1328 804" style="list-style-type: none"><li data-bbox="451 415 1328 478">1. Any hospitalization in past 2 weeks must have a Condition Page.<li data-bbox="451 541 1328 646">2. On the Condition Page, only one code in 630-639 (Abortion) or 650-669 (Delivery) will be used per person.<li data-bbox="451 709 1328 804">3. For conditions "due to pregnancy," with a clear indication that the person is currently pregnant, code to pregnancy codes only. <p data-bbox="521 835 1414 930">For conditions "due to pregnancy," with NO indication that the person is currently pregnant, code as for the non-pregnant state.</p> <ol data-bbox="451 999 1328 1031" style="list-style-type: none"><li data-bbox="451 999 1328 1031">4. See Vol. 1 for 4th digits to categories 634-638.

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
692.9			<p>DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE (680-709)</p> <p>OTHER INFLAMMATORY CONDITIONS OF SKIN AND SUBCUTANEOUS TISSUE (690-698)</p> <p>CONTACT DERMATITIS AND OTHER ECZEMA (692) For HIS, <u>includes</u> skin allergy due to any substance applied to or in contact with skin (external).</p> <p>If an allergic skin reaction is due to an external substance in 692 and an internal substance in 693, see 693.2.</p> <p>If multiple skin allergies are reported in 692.0-692.8, code to 692.9. If multiple allergies involve skin, respiratory, and other allergies, code the skin, respiratory, and any other type of allergy separately.</p> <p>If a skin allergy in 692 is "due to nerves," code the allergy---ignoring "nerves."</p> <p>If a nervous condition is reported as due to a skin allergy in 692, code 316.3 (see 316, this Appendix) for the nervous condition and code the skin allergy also.</p> <p>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.</p>

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
			<p>(680-709)--continued (690-698)--continued</p> <p>DERMATITIS DUE TO SUBSTANCES TAKEN INTERNALLY (693) <u>Includes</u> skin allergy due to ingested (swallowed) substances.</p> <p>If multiple allergic skin reactions involving substance in 693 and 692 are reported, see 693.2.</p> <p>If a skin allergy in 693 is due to "nerves," code the allergy---ignoring "nerves."</p> <p>If a nervous condition is reported as due to a skin allergy in 693, code 316.3 (see also 316, this Appendix) for the nervous condition and code the skin allergy also.</p> <p>For multiple allergies involving skin and other types, see 692.</p>
693.1			<p>DUE TO FOOD <u>Excludes</u> allergy to food with gastrointestinal symptoms (558), gastritis (535.4), and allergy to food with respiratory conditions in 477.- and 493.-.</p>
		693.2	<p>SKIN ALLERGIES WITH MULTIPLE CAUSES For HIS, <u>includes</u> skin allergies with multiple specified causes in 692.0-692.9 and 693.0-693.9.</p>
693.9			<p>DUE TO UNSPECIFIED SUBSTANCE For HIS, <u>includes</u> skin allergies with multiple specified causes in 693.0-693.8.</p>
698			<p>PRURITUS AND RELATED CONDITIONS For HIS, <u>includes</u> "itching" with dry skin; or "dry skin" NOS. <u>Excludes</u> itching (with dry skin) if any other skin condition in 680-709 is mentioned.</p>

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
			<p>(680-709)--continued</p> <p>OTHER DISEASES OF SKIN AND SUBCUTANEOUS TISSUE (700-709)</p> <p>CHRONIC ULCER OF SKIN (707)</p>
707.1			<p>ULCER OF LOWER LIMBS, EXCEPT DECUBITUS <u>Includes also</u> "open leg," and "open" or "running" sores of leg, onset 3 mos+; if these are -3 mos, code as for Infection.</p>
707.9			<p>CHRONIC ULCER OF UNSPECIFIED SITE <u>Includes</u> ulcer NOS, as per ICD, but if the questionnaire indicates that stomach or duodenal ulcer is meant, code as for Ulcer of <u>those</u> sites.</p>
			<p>OTHER DISORDERS OF SKIN AND SUBCUTANEOUS TISSUE (709)</p>
709.0			<p>DYSCHROMIA For HIS, <u>includes also</u> spots NOS on skin, and discolored patches NOS on skin.</p>
709.2			<p>SCAR CONDITIONS AND FIBROSIS OF SKIN <u>Excludes:</u> Keloid scar, any site, code 701.4 as per ICD</p> <p>SCAR, (disfiguring) of face, nose, lips, and ears, code X90</p> <p>SCAR (painful) (tender) (contracting) of limbs, neck, back, external sites of trunk, or scar NOS of these sites, code to X70-X79, by site. See also Section V, Impairments.</p>

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
			<p>DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE (710-739)</p> <p>ARTHROPATHIES AND RELATED DISORDERS (710-719)</p> <ol style="list-style-type: none"> For HIS, any form of arthritis said to be due to injury -3 mos will be coded to the injury codes only. Arthritis, 3 mos⁺, due to injury will be coded to the disease codes only. If a specific deformity (in X70-X79) is reported with arthritis, code both. See also Section V, Impairments. <p>DERANGEMENT OF JOINT (717-718)</p> <p>"Instability" ("joint slips out"), dislocation, "locking," fusion and sprain of joint -3 mos will be coded per ICD. If 3 mos⁺, and due to a specified chronic disease, code the chronic disease only; otherwise, code to X80-X89, by site. See also Section V, Impairments. Contracture of joint, any onset, code to Deformity, (X70-X79) by site. See also Section V, Impairments.</p>
718.6			<p>UNSPECIFIED PROTRUSIO ACETABULI</p> <p>For HIS, code to X75. See also Section V, Impairments.</p> <p>OTHER AND UNSPECIFIED DISORDER OF JOINT (719)</p> <p>Swelling, stiffness, pain and other symptoms pertaining to joints -3 mos and back (724) -3 mos will be coded per Short Index or Vol. 2. If of unspecified cause or due to old injury (3 mos⁺), code to X80-X89, by site. See also Section V, Impairments.</p> <p>DORSOPATHIES (720-724)</p> <p>Swelling, stiffness, pain and other symptoms pertaining to joints -3 mos and back (724) -3 mos will be coded as per Short Index or Vol. 2. If of unspecified cause or due to old injury (3 mos⁺), code to X80-X89, by site. See also Section V, Impairments.</p>

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
722			<p>(710-739)--continued (720-724)--continued</p> <p>INTERVERTEBRAL DISC DISORDERS (722) For HIS, <u>includes also</u> all "disc" conditions at any onset of unspecified origin. If the "disc" condition is due to an injury 3 mos+, code the "disc" condition to 722.0-722.9 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>
722.8			<p>POSTLAMINECTOMY SYNDROME This code will be used only when the complication is stated as "postlaminectomy syndrome." See Complications of Surgical and Medical Care (996-999) and code according to rules listed.</p> <p>OTHER DISORDERS OF CERVICAL REGION (723) <u>Excludes:</u> conditions codable to 723 <u>due to</u> intervertebral disc disorders; code 722.- only.</p>
723.5			<p>TORTICOLLIS NOT SPECIFIED AS CONGENITAL, PSYCHOGENIC OR TRAUMATIC For HIS, code torticollis (contracture, neck) to X79; code "stiff neck," -3 mos to 719.5; if 3 mos+, code to X80. See also Section V, Impairments.</p> <p>OTHER AND UNSPECIFIED DISORDERS OF BACK (724) For HIS, conditions codable to categories 724.1, 724.5, 724.6, 724.7, 724.8 and 724.9, 3 mos + will be coded as Orthopedic Impairment (X80-X89) by site. <u>Excludes:</u> conditions codable to 724 <u>due to</u> intervertebral disc disorders; code 722.- only.</p> <p>RHEUMATISM, EXCLUDING THE BACK (725-729) Swelling, stiffness, pain and other symptoms pertaining to limbs -3 mos will be coded per Short Index or Vol. 2. If of unspecified cause or due to old injury (3 mos+) code to X80-X89 by site. See also Section V, Impairments.</p> <p>"Instability" ("joint slips out"), dislocation, "locking," fusion and sprain of joint -3 mos will be coded per ICD. If 3 mos+ and due to a specified chronic disease, code the chronic disease only; otherwise, code to X80-X89 by site. See also Section V, Impairments. Contracture of joint, any onset, code to Deformity (X70-X79) by site. See also Section V, Impairments.</p>

CON-TENT	NOT USED	NEW CODE	CATEGORY TITLE
			<p>(710-739)--continued (725-729)--continued</p> <p>OTHER DISORDERS OF SYNOVIUM, TENDON AND BURSA (727) Code Short Achilles Tendon to X76 with appropriate 4th digit etiology code. See also Section V, Impairments.</p>
727.8			<p>OTHER For HIS, <u>excludes</u> contracture tendon, to be coded as for Deformity, by site. See also Section V, Impairments.</p> <p>DISORDERS OF MUSCLE, LIGAMENT AND FASCIA (728) For HIS, <u>excludes</u> atrophy, idiopathic muscular atrophy and other contractures, of limb, back, trunk (and muscles and ligaments) which are coded to X70-X79, by site and type. See also Section V, Impairments.</p>
	728.2		<p>MUSCULAR WASTING AND DISUSE ATROPHY, NOT ELSEWHERE CLASSIFIED For HIS, code to X70-X79, by site. See also Section V, Impairments.</p>
	728.4		<p>LAXITY OF LIGAMENT For HIS, code as for Orth. Imp., by site. See also Section V, Impairments.</p>
	728.6		<p>CONTRACTURE OF PALMAR FASCIA (DUPUYTREN'S CONTRACTURE) For HIS, code to X74. See also Section V, Impairments.</p>
728.8			<p>OTHER DISORDERS OF MUSCLE, LIGAMENT AND FASCIA For HIS, <u>includes</u> spasms, twitching, tremor, trembling, involving muscles of limbs, back, and trunk, -3 mos. If these are 3 mos+ and due to a specified chronic disease, code the chronic disease only; otherwise, code to X80-X89, by site. See also Section V, Impairments.</p> <p>OTHER DISORDERS OF SOFT TISSUE (729)</p>
729.9			<p>OTHER AND UNSPECIFIED DISORDER OF SOFT TISSUE For HIS, <u>includes also</u> pain and trouble -3 mos of multiple sites in 719, 723, 724, 728 and 729. See also General Notes (725-729).</p>

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
			(710-739)--continued
	734		<p>FLATFOOT For HIS, code to X77. See also Section V, Impairments.</p>
	735		<p>ACQUIRED DEFORMITIES OF TOE For HIS, code to X76. Code "dropped toe" as for Paralysis (X-code). See also Section V, Impairments.</p>
	736		<p>OTHER ACQUIRED DEFORMITIES OF LIMBS For HIS, code to the X-code by type, site and cause. See also Section V, Impairments.</p>
	737		<p>CURVATURE OF SPINE For HIS, code to X70 whether congenital or not. See also Section V, Impairments.</p> <p>If a heart disease in 426-429, 785.0 or 785.1 is present, code the heart disease also.</p>
	738		<p>OTHER ACQUIRED DEFORMITY For HIS, code to the X-code by type, site and cause. See also Section V, Impairments.</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. The phrase "since birth" can usually be interpreted to mean "congenital origin" or "born with" or "existing at birth," but it should not be so interpreted when the defect is "speaking" NEC or "walking" NEC or in some function that is not developed at birth. When "since birth" is used, and the condition could not have been present at birth, the etiologic code ".X" (other) will be used. "Since birth" can be taken to mean congenital origin for conditions that are generally or always congenital. 2. Categories 740-759 will exclude the following which if congenital, will be classified to the X-code with ".9" in the 4th digit (signifying congenital origin or birth injury): <ul style="list-style-type: none"> 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, muscles, tendons. 3. 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 360-368, 370-379 and 388 to facilitate the count of disorders of eye and ear. 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 ICD.

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
			(740-759)--continued
		740	ANENCEPHALUS AND SIMILAR ANOMALIES
		741	SPINA BIFIDA Code to X71.9. See also Section V, Impairments.
			OTHER CONGENITAL ANOMALIES OF NERVOUS SYSTEM (742)
		742.0	ENCEPHALOCELE Code to X93.9. See also Section V, Impairments.
		742.1	MICROCEPHALUS Code to X93.9. See also Section V, Impairments.
		742.3	CONGENITAL HYDROCEPHALUS Code to X93.9. See also Section V, Impairments.
		743	CONGENITAL ANOMALIES OF EYE For HIS, all conditions in 743 will be coded to their counterparts among <u>acquired</u> diseases of the eye. See also categories 360-379, this Appendix.
		744.0	CONGENITAL ANOMALIES OF EAR, FACE AND NECK
		744.1	For HIS, all conditions in 744.0-744.3 will be coded to
		744.2	388.9 and/or the X-code. See also 388.9, this Appendix,
		744.3	and Section V, Hearing Impairments.
		744.5	WEBBING OF NECK Code to X79.9. See also Section V, Impairments.
		744.8	OTHER SPECIFIED ANOMALIES OF FACE AND NECK Code anomalies of face in 744.8 to X90.9 Code anomalies of neck in 744.8 to X79.9 See also Section V, Impairments.
		744.9	UNSPECIFIED ANOMALIES OF FACE AND NECK Code anomalies of face in 744.9 to X90.9 Code anomalies of neck in 744.9 to X79.9 See also Section V, Impairments.

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
			(740-759)--continued
			CONGENITAL ANOMALIES OF RESPIRATORY SYSTEM (748)
748.1			OTHER ANOMALIES OF NOSE For HIS, <u>excludes</u> congenital absence or other congenital disfiguring defects of nose structure (X90.9). See also Section V, Impairments.
748.3			OTHER ANOMALIES OF LARYNX, TRACHEA, AND BRONCHUS For HIS, <u>excludes</u> congenital absence of larynx (X11.9). See also Section V, Impairments.
748.5			AGENESIS, HYPOPLASIA AND DYSPLASIA OF LUNG <u>Excludes</u> absence, agenesis and aplasia of lung. Code to X30.9. See also Section V, Impairments.
		749	CLEFT PALATE AND CLEFT LIP Code to X91.9. See also Section V, Impairments.
			OTHER CONGENITAL ANOMALIES OF UPPER ALIMENTARY TRACT (750)
		750.0	TONGUE TIE Code to X11.9. See also Section V, Impairments.
		750.1	OTHER ANOMALIES OF TONGUE Code to X11.9. See also Section V, Impairments.
750.5			CONGENITAL HYPERTROPHIC PYLORIC STENOSIS For HIS, <u>excludes</u> pylorospasm NOS or acquired (537.8)
			CONGENITAL ANOMALIES OF URINARY SYSTEM (753)
		753.0	RENAL AGENESIS AND DYSGENESIS Code to X31.9. See also Section V, Impairments.

CON-TENT	NOT USED	NEW CODE	CATEGORY TITLE
			(740-759)--continued
754.0			<p>CERTAIN CONGENITAL MUSCULOSKELETAL DEFORMITIES (754)</p> <p>OF SKULL, FACE AND JAW For HIS, <u>excludes</u>:</p> <p>Asymmetry of face (X90.9) Compression facies (X90.9) Dolichocephaly (X93.9) Plagiocephaly (X93.9) Potters facies (X90.9) Other disfiguring congenital defects of face and jaw (X90.9) Other disfiguring congenital defects of skull (X93.9)</p>
754.1			<p>OF STERNOCLEIDOMASTOID MUSCLE For HIS, <u>excludes</u> congenital torticollis (X79.9) and congenital contracture of neck muscles (X79.9).</p>
	754.2		<p>OF SPINE Code to X70.9</p>
	754.3		<p>CONGENITAL DISLOCATION OF HIP Code to X75.9</p>
	754.4		<p>CONGENITAL GENU RECURVATUM AND BOWING OF LONG BONES OF LEG Code to X76.9</p>
	754.5		<p>VARUS DEFORMITIES OF FEET Code to X76.9</p>
	754.6		<p>VALGUS DEFORMITIES OF FEET Code to X76.9 Code flatfoot to X77</p>
	754.7		<p>OTHER DEFORMITIES OF FEET Code to X76.9 Code clubfoot NOS to X78.9</p>
	754.8		<p>OTHER SPECIFIED Code to X-code by type and site. See also Section V, Impairments.</p>

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
			(740-759)--continued
		755	OTHER CONGENITAL ANOMALIES OF LIMBS (755) Code to X-code by type and site. See also Section V, Impairments.
			OTHER CONGENITAL MUSCULOSKELETAL ANOMALIES (756)
		756.0	ANOMALIES OF SKULL AND FACE BONES Code to X-code by type and site. See also Section V, Impairments.
		756.1	ANOMALIES OF SPINE Code to X-code by type and site. See also Section V, Impairments.
		756.2	CERVICAL RIB Code to X-code by type and site. See also Section V, Impairments.
		756.3	OTHER ANOMALIES OF RIBS AND STERNUM Code to X-code by type and site. See also Section V, Impairments.
756.6			ANOMALIES OF DIAPHRAGM <u>Excludes</u> absence of diaphragm (X33.9)
756.8			OTHER SPECIFIED ANOMALIES OF MUSCLE, TENDON, FASCIA AND CONNECTIVE TISSUE For HIS, <u>excludes</u> congenital absence of muscle or tendon. See X33 and X34, Section V, Impairments. <u>Excludes also</u> congenital shortening of tendon; code to X73-X76 or X79, by site. See also Section V, Impairments.
756.9			UNSPECIFIED ANOMALIES OF MUSCULOSKELETAL SYSTEM For HIS, any that are structural deformities will be coded to X-code by type and site. See also Section V, Impairments.

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
757.6			<p>(740-759)--continued</p> <p>CONGENITAL ANOMALIES OF THE INTEGUMENT (757)</p> <p>SPECIFIED ANOMALIES OF BREAST For HIS, <u>excludes</u> absence of nipple (congenital) (X32.9) and congenital absence of breast (X32.9)</p> <p>CHROMOSOMAL ANOMALIES (758)</p>
	758.0		<p>DOWN'S SYNDROME Code to X19.9. See also Section V, Impairments.</p> <p>OTHER AND UNSPECIFIED CONGENITAL ANOMALIES (759)</p>
	759.7		<p>MULTIPLE CONGENITAL ANOMALIES SO DESCRIBED Code to X99.9. See also Section V, Impairments.</p>
	759.9		<p>CONGENITAL ANOMALY, UNSPECIFIED Code to X99.9. See also Section V, Impairments.</p>

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CON-TENT	NOT USED	NEW CODE	CATEGORY TITLE
			<p>CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD (760-779)</p> <p><u>Notes for HIS:</u></p> <ol style="list-style-type: none"> 1. Births of well babies are not coded for HIS. Births of well babies with or without routine circumcision, on the Hospital Page, are to be deleted. If an infant stays in the hospital after the mother goes home (more nights in the hospital than mother) and no reason is stated or indicated, the Hospital Stay will be coded as entered. 2. For HIS, categories 760-779 will only be used for infants no more than 2 months of age. 3. If an infant has a condition reported as due to a disease or condition in the mother, see ICD, Vol. 2 "Maternal Conditions Affecting Fetus or Newborn" and code as per ICD. <u>DO NOT</u> create a Condition Page for the maternal condition. 4. Infants (or persons of any age) having been injured at birth, or affected before birth, to the extent that they are deformed, paralyzed, or otherwise "impaired," will be classified to the X-code with ".9" for the 4th digit. No additional code is required for the cause of the impairment. <p>FETUS OR NEWBORN AFFECTED BY MATERNAL COMPLICATIONS OF PREGNANCY (761)</p> <p>761.6 Maternal death unspecified</p> <p>INTRAUTERINE HYPOXIA AND BIRTH ASPHYXIA (768)</p> <p>768.0 Fetal death from asphyxia or anoxia before onset of labour or at unspecified time</p> <p>768.1 Fetal death from asphyxia or anoxia during labour</p> <p>OTHER AND ILL-DEFINED CONDITIONS ORIGINATING IN THE PERINATAL PERIOD (779)</p> <p>779.6 Termination of Pregnancy (Fetus) For HIS, termination of pregnancy constituting an abortion, will be classified only as abortion (for the mother).</p> <p>779.9 UNSPECIFIED <u>Excludes</u> fetal death of unknown cause.</p>

CON-TENT	NOT USED	NEW CODE	CATEGORY TITLE
			<p>SYMPTOMS, SIGNS AND ILL-DEFINED CONDITIONS (780-799)</p> <p>For HIS, changes have been made in this Section for the purpose of classifying symptoms with onset 3 mos+ to the X-codes for impairments.</p> <p>These changes occur mainly in conditions affecting speech, feeling, taste, smell, coordination and locomotion. Instructions for coding these conditions with onset 3 mos+ will be found in this Appendix and Section V, Impairments.</p> <p>SYMPTOMS (780-789)</p> <p>GENERAL SYMPTOMS (780)</p>
780.3			<p>CONVULSIONS</p> <p>For HIS, code chronic or repeated convulsions, seizures, fits, 3 mos+, to 345.9. See also 345.</p>
780.7			<p>MALAISE AND FATIGUE</p> <p><u>Includes</u> overwork, overtired, exhaustion, worn out, rundown, weakness of unknown cause or type. If these are due to senility (797) or nerves (300.5), code cause only.</p> <p><u>Excludes:</u> overexertion NOS (994.5)</p>
780.9			<p>OTHER</p> <p><u>Includes also</u> loss of memory, "forgetfulness," "can't remember well." If these are due to old age, stroke, arteriosclerosis or other chronic disease, code cause only. If cause is not stated, and person is 65+, code as for senility (797).</p> <p><u>Includes also</u> pain in side -3 mos; if 3 mos+, code as for Orthopedic Impairment.</p>

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
781.0			<p>(780-799)--continued</p> <p>SYMPTOMS INVOLVING NERVOUS AND MUSCULOSKELETAL SYSTEM (781)</p> <p>ABNORMAL INVOLUNTARY MOVEMENTS This category includes symptoms such as athetosis NOS, spasm, twitching, tremor, trembling and abnormal involuntary movements, with part of body and cause not known. <u>Includes also</u> abnormal head movement, cause unknown.</p> <p>If symptoms in this category involve back, limbs, muscles, or trunk, NEC, code as for Trouble of those sites in Short Index.</p> <p>The term "spastic" of unspecified site or with sites involving limbs, back, trunk, 3 mos+, is coded as for Paralysis, partial of those sites. See also Section V, Impairments.</p> <p><u>Excludes:</u> "habit" spasm (any site) (307.2) spasm NEC: eyelid (374.4); face or facial (351.8); of pylorus (537.8); of tongue (529.8)</p> <p>tic (any site) (due to nerves) (307.2)</p> <p>jerks, jerking (myoclonus) (333.2)</p>
781.1			<p>DISTURBANCE OF SENSATION OF SMELL AND TASTE If 3 mos+, code to X12. See also Section V, Impairments.</p>
781.2			<p>ABNORMALITY OF GAIT If 3 mos+, code to Paralysis, partial in the X-code. See also Section V, Impairments. <u>Excludes</u> difficulty walking (719.7).</p>
781.3			<p>LACK OF COORDINATION Code ataxia or muscular incoordination, 3 mos+, to Paralysis, partial in the X-code. See also Section V, Impairments. <u>Excludes</u> loss of balance or equilibrium, dizziness (780.4).</p>
781.4			<p>TRANSIENT PARALYSIS OF LIMB -3 mos <u>Includes</u> paralysis of <u>one</u> limb of unknown cause. If cause is given, code cause only. <u>Excludes</u> paralysis of one limb (arm or leg) in infants under 3 mos of age--see NOTES--category 760-779, this Appendix.</p>

CON-TENT	NOT USED	NEW CODE	CATEGORY TITLE
	781.5		<p>(780-799)--continued (781)--continued</p> <p>CLUBBING OF FINGERS Code to X74 with appropriate 4th digit etiology code. See also Section V, Impairments.</p>
781.9			<p>OTHER Entries of "poor posture," "bad posture," or other "abnormal" posture given as a condition will be coded to X79 regardless of onset. If a condition is <u>caused by</u> the posture defect, code the condition only.</p>
			<p>SYMPTOMS INVOLVING SKIN AND OTHER INTEGUMENTARY TISSUE (782)</p>
782.0			<p>DISTURBANCE OF SKIN SENSATION If 3 most, code to X12. See also Section V, Impairments.</p>
782.2			<p>LOCALIZED SUPERFICIAL SWELLING, MASS OR LUMP <u>Includes</u> "knots," "lumps," and "bumps," of unknown cause and type of external sites. If due to current injury, code to Injury, by site; if no site given, code 959. <u>Excludes</u> "knots," "lumps," and "bumps," of unknown cause and type of internal sites; see LUMP or MASS, Vol. 2; if described as "benign," "malignant," or "non-malignant," code as for Neoplasms (140-239).</p>
782.4			<p>JAUNDICE UNSPECIFIED, NOT OF NEWBORN Jaundice of newborn (age less than 2 mos.), code 774.6</p>
			<p>SYMPTOMS CONCERNING NUTRITION, METABOLISM AND DEVELOPMENT (783)</p>
	783.1		<p>ABNORMAL WEIGHT GAIN See 278.0 this Appendix.</p>
783.2			<p>ABNORMAL LOSS OF WEIGHT <u>Includes</u> loss of weight, cause not specified. If cause is given, code cause only.</p>

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
783.4			<p>(780-799)--continued (783)--continued</p> <p>LACK OF EXPECTED NORMAL PHYSIOLOGICAL DEVELOPMENT <u>Includes</u> underweight, cause not specified. If cause is given, code cause only.</p> <p>SYMPTOMS INVOLVING HEAD AND NECK (784)</p>
784.0			<p>HEADACHE For HIS, <u>includes</u> tension headache; headache due to "nerves," or "nervousness," or nervous headache.</p>
784.2			<p>SWELLING, MASS OR LUMP IN HEAD AND NECK For HIS, <u>includes also</u>, <u>internal</u> "knots," "lumps," and "bumps" of head and neck. If these are due to a current injury, code to Injury, by site. If described as "benign," "malignant," or "non-malignant" code as for Neoplasms (140-239)</p>
784.3			<p>APHASIA If 3 mos⁺, code to X11. See this Appendix and Vol. 2 for specified types of aphasia. See also Section V, Impairments.</p>
784.4			<p>VOICE DISTURBANCE Code listed conditions, 3 mos⁺, to X11. See also Section V, Impairments.</p>
784.5			<p>OTHER SPEECH DISTURBANCE Code listed conditions 3 mos⁺ to X11. See also Section V, Impairments.</p>
784.6			<p>OTHER SYMBOLIC DYSFUNCTION Code agnosia NEC, agraphia and apraxia, 3 mos⁺ to X11. See also Vol. 2 and Section V, Impairments. Code acalculia and dyslexia, 3 mos⁺ to X14. See also Vol. 2 and Section V, Impairments.</p>

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
			(780-799)--continued
			SYMPTOMS INVOLVING CARDIOVASCULAR SYSTEM (785)
785.0			<p>TACHYCARDIA, UNSPECIFIED</p> <p>This code will not be used if a more specific type of tachycardia is given or a heart condition in 414-429 is linked with or given as the cause of tachycardia. If due to a known cause other than 414-429, code the cause only.</p>
785.1			<p>PALPITATIONS</p> <p>This code will not be used if a more specific heart condition in 414-429 is linked with or given as the cause; code 414-429 only.</p>
785.2			<p>FUNCTIONAL AND UNDIAGNOSED CARDIAC MURMURS</p> <p>This code will not be used if a more specific type or site is given. If conditions in 390-398, or 424 are linked with or given as the cause, code 390-398 or 424 only.</p>
785.5			<p>SHOCK WITHOUT MENTION OF TRAUMA</p> <p>If physical state of shock is reported with current injury, code the injury only. <u>Excludes</u> nervous, mental, or emotional shock (308); and paralytic shock or stroke (437.9)</p>
			SYMPTOMS INVOLVING RESPIRATORY SYSTEM AND OTHER CHEST SYMPTOMS (786)
786.6			<p>SWELLING, MASS OR LUMP IN CHEST</p> <p>For HIS, <u>includes also</u> "knots," "lumps," and "bumps" of <u>internal</u> chest area, except breast (611.7). If these are due to current injury, code to Injury, chest. If these are described as "benign," "malignant," or "non-malignant"; code as for Neoplasms (140-239).</p>

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CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
			(780-799)--continued
			SYMPTOMS INVOLVING ABDOMEN AND PELVIS (789)
789.1			HEPATOMEGALY <u>Excludes</u> hypertrophy of liver STATED to be acute.
789.3			ABDOMINAL OR PELVIC SWELLING, MASS OR LUMP For HIS, <u>includes</u> "knots" and "bumps" of <u>internal</u> abdominal or pelvic areas. If these are due to current injury NEC, code to Injury, by site. If these are described as "benign," "malignant," or "non-malignant"; code as for Neoplasms (140-239).
			RADIOLOGICAL AND OTHER EXAMINATIONS OF BODY STRUCTURE (793) For HIS, this category will be used for conditions of: X-rays, thermography and ultrasound examinations WITHOUT a specified condition.
793.0			Skull and head
793.1			Lungs
793.2			Other intrathoracic organ
793.3			Biliary tract
793.4			Gastrointestinal tract
793.5			Genitourinary organs
793.6			Abdominal area, including retroperitoneum
793.7			Musculoskeletal system
793.8			Breast
793.9			Other

CON-TENT	NOT USED	NEW CODE	CATEGORY TITLE
797			<p>(780-799)--continued</p> <p>ILL-DEFINED AND UNKNOWN CAUSES OF MORBIDITY AND MORTALITY (797-799)</p> <p>SENILITY WITHOUT MENTION OF PSYCHOSIS <u>Includes</u> "old age" in persons 65+ with symptoms such as debility, weakness, trembling and loss of memory. <u>Excludes</u> the following:</p> <p>mental or nervous disorders or trouble due to senility or "old age" (290.9)</p> <p>depression due to senility or "old age" (290.2)</p> <p>conditions of the heart, stomach (body parts and organs); code to the specified condition only</p> <p>"Age" or "old age" causing impairments in the X-codes; code ".X" for etiology. Do not code 797 separately.</p>
	798		<p>SUDDEN DEATH, CAUSE UNKNOWN Not applicable.</p> <p>OTHER ILL-DEFINED AND UNKNOWN CAUSES OF MORBIDITY AND MORTALITY (799)</p>
799.2			<p>NERVOUSNESS Do not use this category if any in 290-316 has been coded for the same person.</p> <p>For HIS, <u>includes</u> "bad nerves," "jitters," "worry," "nervous trouble," "nervous condition," "nervous disorder," and "nervous tension" of unknown cause or type.</p> <p><u>Excludes</u> such conditions as:</p> <p>nervous breakdown (300.9)</p> <p>nervous or mental condition <u>except psychosis</u> (non-psychotic) when due to or associated with physical disorders, see category 316, this Appendix.</p>

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CON-TENT	NOT USED	NEW CODE	CATEGORY TITLE
			(780-799)--continued
			(799)--continued
		799.5	<p>OBSERVATION WITH NO CONDITION FOUND</p> <p>Use this code <u>only</u> when it is known that the specified condition being treated or observed was NOT found. If a condition was found, code it, not 799.5.</p> <p>If the condition is mentioned, but there is no mention of what was found, code the condition, not 799.5.</p>
799.8			<p>OTHER ILL-DEFINED CONDITIONS</p> <p>Use this code 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.</p>
799.9			<p>OTHER UNKNOWN AND UNSPECIFIED CAUSE</p> <p>Use this code 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.</p>

CON-TENT	NOT USED	NEW CODE	CATEGORY TITLE
			<p data-bbox="581 247 1073 275">INJURY AND POISONINGS (800-999)</p> <p data-bbox="581 310 805 338"><u>General Notes:</u></p> <ol data-bbox="581 373 1435 1367" style="list-style-type: none"> <li data-bbox="581 373 1435 432">1. For HIS, the codes E800-E999 (External Cause) will not be used. <li data-bbox="581 468 1435 779">2. Adverse effects of drugs, poisonings and chemicals will be coded to FOUR categories only: <ul style="list-style-type: none"> <li data-bbox="695 558 1325 585">"Overdose" or "poisoning" of drugs 977.9 <li data-bbox="695 625 1133 653">Toxic effects of venom 989.5 <li data-bbox="695 688 1386 716">Adverse effects of chemical substances 989.9 <li data-bbox="695 751 1166 779">Adverse effects of drugs 995.2 <li data-bbox="581 814 1386 873">3. In these notes, the term "injury" will refer to types in 800-959. <li data-bbox="581 909 1419 968">4. For HIS, ICD 4th digits for 800-904, 910-959 will NOT be used. <li data-bbox="581 1003 1386 1209">5. Present effects 3 mos+ that are NOT impairments will be coded to the ICD condition code as indexed by ICD or in the Short Index. Present effects 3 mos+ that ARE impairments will be coded as impairments only. <u>No code in 800-999 is required.</u> <li data-bbox="581 1245 1435 1367">6. Injuries in 800-959, 3 mos+, <u>with no specified present effects</u> will be coded as for Late Effects. See Vol. 2, Late Effects of specified type of injury.

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
			(800-999)--continued
	4th digits		<p>FRACTURES (800-829)</p> <ol style="list-style-type: none"> 1. <u>See also</u> General Notes for 800-999, this Appendix. 2. As per ICD, fracture due to specified disease: code disease only. Fracture due to unspecified disease, and NOT due to injury, will be coded to 733.1 only. 3. For HIS, fracture includes "broken," or "cracked," if it is clear that one or more bones are involved. 4. For fractures in 800-829, 3 most+, with no present effect indicated except delayed healing or nonunion, code to 905.0-905.5.
806			<p>FRACTURE OF VERTEBRAL COLUMN WITH SPINAL CORD LESION For HIS, <u>excludes</u> all types of paralysis, <u>3 most+</u>, due to injury; code these to X-code with .0 in 4th digit. See also Section V, Impairments.</p>
825			<p>FRACTURE OF ONE OR MORE TARSAL AND METATARSAL BONES For HIS, <u>includes</u> "broken arches," -3 mos, if due to injury. <u>Excludes</u> "broken arches," 3most+, code to X77. See also Section V, Impairments.</p>

CON-TENT	NOT USED	NEW CODE	CATEGORY TITLE
839	4th digits		<p>(800-999)--continued</p> <p>DISLOCATION (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 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 X75.9 and any other specified <u>congenital</u> dislocation will be coded to X70.9-X79.9, by site. See also Section V, Impairments. 5. Dislocation, jaw, 3 mos+, code to X92. See also Section V, Impairments. 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 X80-X89, by site, according to the rules for X80-X89. See also Section V, Impairments. <p>"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.</p> <p>OTHER, MULTIPLE, AND ILL-DEFINED DISLOCATIONS For HIS, <u>includes</u> dislocation, displacement, and other "disc" conditions, -3 mos, if <u>specified</u> as due to injury. <u>Excludes</u> "disc" conditions, -3 mos, <u>NOT</u> due to injury, and all "disc" conditions 3 mos+, code 722, by site.</p>

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
			(800-999)--continued
	4th digits		<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 injury in past 3 months. 3. <u>Includes</u> also "broken," "wrenched," "deranged," cartilage or tendons surrounding the knee and other joints unless <u>dislocation</u> is also specified in the description. 4. Sprains, strains (and synonyms) 3 mos+, of sites of limbs, back, trunk with no other specified present effect will be coded to X80-X89, by site. See also Section V, Impairments.
847			<p>SPRAINS AND STRAINS OF OTHER AND UNSPECIFIED PARTS OF BACK <u>Excludes</u> old (3 mos+) whiplash injury, no other specified present effect (X80.0).</p>
848			<p>OTHER AND ILL-DEFINED SPRAINS AND STRAINS For HIS, <u>includes</u> hernia, -3 mos, provided it is due to "one-time" injury, heavy lifting, or strain. <u>Includes also</u> sprain, strain, "side" -3 mos; if 3 mos+, code X89. <u>Excludes</u> hernia 3 mos+ due to injury, which will be coded to 550-553.</p> <p>NOTE: 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
			(800-999)--continued
	4th digits		<p>INTRACRANIAL INJURY (850-854)</p> <ol style="list-style-type: none"> 1. <u>See also</u> General Notes for 800-999, this Appendix. 2. Any injury 3 most⁺ in 850-854, with no specified present effect (except delayed healing) will be coded to 907.0.
	4th digits		<p>INTERNAL INJURY (860-869)</p> <ol style="list-style-type: none"> 1. <u>See also</u> General Notes for 800-999, this Appendix. 2. Internal injury 3 most⁺, with no specified present effect (except delayed healing) will be coded to 908.0-908.2, by site.
	4th digits		<p>OPEN WOUNDS (870-897)</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-X29, X35, by site 3. For HIS, any in 870-884, 890-894, 3 most⁺ with no specified present effect indicated (except delayed healing) will be coded to 906.0-906.1. EXCEPTION: Perforated ear drum 3 most⁺, will be coded to 384.2. 4. For <u>old</u> foreign body in tissue (729.6) or bones (733.9), see ICD; the original open wound will not be coded.
			OPEN WOUND OF EYEBALL (871)
	871.3		<p>AVULSION OF EYE</p> <p>For HIS, code avulsion and enucleation of eye as for Blindness in the X-code. See also Section V, Impairment</p>

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
872			<p>(800-999)--continued (870-897)--continued</p> <p>OPEN WOUND OF EAR</p> <p>1. For HIS, includes 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 384.2; if <u>non-traumatic</u>, code to 384.2, regardless of onset.</p> <p>2. <u>Excludes</u> absence or loss of ear due to injury, any onset (X90.0).</p>
873			<p>OTHER OPEN WOUND OF HEAD</p> <p>For HIS, <u>includes</u> broken tooth or teeth, or loss of tooth or teeth, only if <u>due</u> to injury NEC, <u>and</u> -3 mos.</p> <p>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. See also Section V, Impairments.</p> <p><u>Excludes</u> absence or loss of nose due to injury, any onset (X90.0).</p>
879			<p>OPEN WOUND OF OTHER AND UNSPECIFIED SITES, EXCEPT LIMBS</p> <p><u>Includes</u> multiple open wounds of <u>unspecified</u> site(s). Multiple open wounds of sites classifiable to the SAME 4-digit category should be coded to that category <u>unless</u> they are in different limbs. Multiple open wounds of sites classifiable to <u>different</u> 4-digit categories, or in <u>different</u> limbs, should be coded separately.</p>
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 AMPUTATION 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
			(800-999)--continued
	4th digits		<p>INJURY TO BLOOD VESSELS (900-904) Use these categories only when blood vessels are indicated and no other injury is specified.</p> <p>Injury to blood vessels, 3 most, with no specified present effect will be coded to 908.3 - 908.4.</p> <p>LATE EFFECTS OF INJURIES, POISONINGS, TOXIC EFFECTS AND OTHER EXTERNAL CAUSES (905-909)</p> <p>ICD 4th digits WILL BE USED for these categories.</p> <p>These categories will only be used when there is no other specified present effect (except delayed healing) of an injury 3 most.</p> <p>LATE EFFECTS OF MUSCULOSKELETAL AND CONNECTIVE TISSUE INJURIES (905)</p>
	905.6		For HIS, code to X80-X89, by site. See also Section V, Impairments.
	905.7		For HIS, code to X80-X89, by site. See also Section V, Impairments.
	905.8		For HIS, code to X80-X89, by site. See also Section V, Impairments.
	905.9		For HIS, code to X20-X29, X35, by site. See also Section V, Impairments.
			LATE EFFECTS OF OTHER AND UNSPECIFIED INJURIES (908)
	908.6		
			LATE EFFECTS OF OTHER AND UNSPECIFIED EXTERNAL CAUSES (909)
	909.0		
	909.1		
	909.3		
	909.9		

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
			(800-999)--continued
	4th digits		<p>SUPERFICIAL INJURY (910-919)</p> <ol style="list-style-type: none"> 1. <u>See also</u> General Notes for 800-999, this Appendix. 2. For HIS, superficial injury will be omitted if it occurs with some other more serious injury in <u>same part of body</u>. 3. For superficial injury, 3 mos+, <u>no present effect specified</u>, code 906.2
	4th digits		<p>CONTUSION (920-924)</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> "blood blister" (due to injury), to be coded as for Hematoma, or Contusion, as per ICD. 3. For HIS, contusion (or bruise) will be omitted if it occurs with some other more serious injury in <u>same part of body</u>. 4. For contusion (or synonyms) 3 mos+, <u>no present effects specified</u>, code 906.3
	4th digits		<p>CRUSHING INJURY (925-929)</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> "smashed" and "mashed". If fracture or open wound is mentioned also, code to those categories only. 3. For crushing injury, 3 mos+, <u>no present effects specified</u>, code 906.4

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
			(800-999)--continued
	4th digits		<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. Foreign body, 3 most+, with <u>no present effects specified</u>, will be coded to 908.5 <p>NOTE: Foreign material in parts of body NOT a natural opening or passageway (from the outside) is to be coded as for Open Wound of the site. <u>See</u> General Notes for 870-897, this Appendix.</p>
	4th digits		<p>BURNS (940-949)</p> <ol style="list-style-type: none"> 1. <u>See also</u> General Notes for 800-999, this Appendix. 2. For burns, 3 most+, <u>no present effects specified</u>, code 906.5-906.9.
	4th digits		<p>INJURY TO NERVES AND SPINAL CORD (950-957)</p> <ol style="list-style-type: none"> 1. <u>See also</u> General Notes for 800-999, this Appendix. 2. For HIS, categories 950-957 <u>include</u> blindness, deafness, and paralysis, due to nerve injury, -3 mos. <u>Excludes</u> these conditions 3 most+; to be coded to the appropriate X-code, with .0 in 4th digit. See also Section V, Impairments. 3. For nerve and spinal cord injury, 3 most+, <u>no present effect specified</u>, code to 907 with appropriate 4th digit from ICD, Vol. 1
	958		<p>CERTAIN EARLY COMPLICATIONS OF TRAUMA For HIS, code the injury only.</p>

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CON-TENT	NOT USED	NEW CODE	CATEGORY TITLE
			(800-999)--continued
	4th digits		<p>INJURY, OTHER AND UNSPECIFIED (959)</p> <ol style="list-style-type: none"> 1. For injury codable to 959, 3 most+, with <u>no present effects specified</u>, 908.9 will be used. 2. For HIS, <u>includes</u> ill-defined descriptions of injury of external sites (NOT involving eye, head, skull, internal sites, nerves), such as mangled, hurt, knocked, cracked, whacked, bumped, jarred, that cannot be coded elsewhere. <p>ADVERSE EFFECTS FOR HIS</p> <p>For HIS, adverse effects of chemicals, drugs, and poisonings will be coded to four (4) categories <u>only</u>:</p> <p style="padding-left: 40px;">"overdose" or "poisoning" of drugs 977.9</p> <p style="padding-left: 40px;">toxic effect of venom 989.5</p> <p style="padding-left: 40px;">adverse effects of chemical substance 989.9</p> <p style="padding-left: 40px;">adverse effects of drugs 995.2</p> <p>POISONING BY DRUGS, MEDICAMENTS AND BIOLOGICAL SUBSTANCES</p> <ol style="list-style-type: none"> 1. For HIS, any "overdose" or "poisoning" by drug will be coded to 977.9 only. 2. For mental disorders in 292 due to exposure (NOT addiction), two codes are required: one for the specified psychosis (292.0-292.9) and 977.9 3. If the adverse effect indicates an impairment, code the impairment only. No additional code for adverse effect (977.9) or nature of adverse effect is required.
	960-969		
	970-977.8		
	978-979		

CON-TENT	NOT USED	NEW CODE	CATEGORY TITLE
			(800-999)--continued
	980-987		TOXIC EFFECTS OF SUBSTANCES CHIEFLY NONMEDICINAL AS TO SOURCE (980-989)
	989.0-989.4		1. For HIS, any toxic effect of venom will be coded to 989.5 and any adverse effects of chemical substances will be coded to 989.9 only.
	989.6-989.8		2. For <u>addiction to</u> or <u>dependence on</u> , drugs, alcohol, or other substances, the condition will be coded as per ICD.
			3. For mental disorders in 292, due to exposure (NOT addiction), two codes are required: one for the specified psychosis (292.0-292.9) and 989.9
			4. If the adverse effect indicates an impairment, code the impairment only. No additional code for adverse effect (989.9) or nature of adverse effect is required.
			5. For adverse effects of "shots", vaccinations, and other immunization procedures, see 999, this Appendix.
			OTHER AND UNSPECIFIED EFFECTS OF EXTERNAL CAUSES (990-995)
			1. <u>See also</u> General Notes for 800-999, this Appendix.
			2. For HIS, if a condition in 990-994, -3 mos, can be coded to an injury of the types in 800-959, code the injury in 800-959; NOT 990-994.
			3. Effects codable to 990-994 will include, for HIS, only those with onset in past 3 months. Conditions in 990-994, 3 mos+, with <u>no present effects specified</u> , will be coded to 909.2 or 909.4; if a <u>specified present effect</u> is given, code the present effect only.

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
995.2			<p>(800-999)--continued</p> <p>CERTAIN ADVERSE EFFECTS NOT ELSEWHERE CLASSIFIED (995)</p> <p>UNSPECIFIED ADVERSE EFFECT OF DRUG, MEDICAMENT, AND BIOLOGICAL SUBSTANCE</p> <ol style="list-style-type: none"> 1. For HIS, adverse effect of drugs will be coded to 995.2. If the adverse effect is a skin condition such as rash which indicates dermatitis, code as for Dermatitis, due to. 2. For <u>addiction to or dependence on</u> drugs, alcohol, or other substances, the condition will be coded as per ICD. 3. For mental disorders in 292, due to exposure (NOT addiction) two codes are required: one for the specified psychosis (292.0-292.9) and 995.2 4. If the adverse effect indicates an impairment, code the impairment only. No additional code for adverse effect (995.2) or nature of adverse effect is required. 5. For adverse effects of "shots", vaccinations, and other immunization procedures, see 999, this Appendix.

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
			<p>(800-999)--continued</p> <p>COMPLICATIONS OF SURGICAL AND MEDICAL CARE NOT ELSEWHERE CLASSIFIED (996-999)</p> <p>Complications due to surgery that are classified elsewhere by ICD will not be coded to 996-998.</p> <p>As per ICD, 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 995.2, not to 996-999. Also, adverse effects of radiation, for any purpose, are to be coded as shown in 990--not to 996-999. For complications of vaccination or preventive "shots," <u>see</u> 999.5, this Appendix.</p> <ol style="list-style-type: none"> 1. For HIS, 996-999 will be used for present specified difficulties, included in 996-999, due to or following surgery. 2. For present conditions which qualify as a complication of surgery, the condition itself will not be coded--code only the complication, <u>unless</u> the condition is an impairment. If the condition or nature of complication is an impairment, code the impairment <u>also</u>, using the disease or injury for which surgery was required as etiology. <p>If the disease or current injury (-3 mos) for which surgery was required is given, code this also; code the complication; and any impairments indicated (see Section V, Impairments.) For an injury 3 mos⁺, only the complication and any impairment indicated will be coded.</p> 3. If a mental disorder in 293.9 or 310.0 is due to brain surgery, code the mental disorder and 997.0. 4. If only the name of an operation is given on the Condition Page, with no present complications stated, see Section III, Item I, 2a, for coding instructions. 5. If the name of an operation is given on the Condition Page, with no present complication stated, but with mention of the disease or injury which required the surgery; code the disease or injury only. See Section III, Item I. 6. Multiple complications codable to different 4-digit codes in 996-999 will be coded separately.

CON-TENT	NOT USED	NEW CODE	CATEGORY TITLE
996.8			<p>(800-999)--continued (996-999)--continued</p> <p>COMPLICATIONS OF TRANSPLANTED ORGAN For HIS, no additional code for absence of part is required.</p>
996.9			<p>COMPLICATIONS OF RE-ATTACHED EXTREMITY For HIS, no additional code for absence of part is required, unless the extremity cannot remain attached.</p> <p>COMPLICATIONS AFFECTING SPECIFIED BODY SYSTEMS, NOT ELSEWHERE CLASSIFIED (997) <u>Includes</u> symptoms and other conditions given as a complication, when the symptom or condition affects a specified body system.</p> <ol style="list-style-type: none"> 1. See 997.0-997.5 in Vol. 1 and code to appropriate body system indicated in the complication. 2. If a specific body system is indicated in the complication and it is not included in 997.0-997.5, code 997.9. <p><u>Excludes:</u> Menopausal symptoms following hysterectomy, code 627.4 Sterility following tubal ligation (female), code 628.2</p> <p>See also Vol. 1 for Inclusions and Exclusions.</p>
997.6			<p>LATE AMPUTATION STUMP COMPLICATION For HIS, code the absence of part in X20-X29 and 997.6 also. See also Section V, Impairments.</p> <p>OTHER COMPLICATIONS OF PROCEDURES, NOT ELSEWHERE CLASSIFIED (998)</p>
998.8			<p>OTHER SPECIFIED COMPLICATIONS OF PROCEDURES, NOT ELSEWHERE CLASSIFIED <u>Includes</u> specified symptoms and conditions given as a complication when a <u>specific body system is not indicated</u>.</p>
998.9			<p>UNSPECIFIED COMPLICATION OF PROCEDURE, NOT ELSEWHERE CLASSIFIED <u>Includes</u> only complications of surgery with nature of complication unspecified.</p>

CON- TENT	NOT USED	NEW CODE	CATEGORY TITLE
			<p>(800-999)--continued</p> <p>COMPLICATIONS OF MEDICAL CARE, NOT ELSEWHERE CLASSIFIED (999)</p> <p>(See Vol. 2, under Complications, for terms indexed by ICD to 999.0-999.9).</p> <p>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 prior to that time.</p>
999.0			<p>GENERALIZED VACCINIA</p> <p>For HIS, use this category only for current (-3 mos) complications of vaccination for smallpox, consisting of widespread skin eruptions or other evidence of "generalized vaccinia."</p>
999.4			<p>ANAPHYLACTIC SHOCK</p> <p>For HIS, use this category only when the reaction or complication is a term codable by ICD to 999.4.</p>
999.5			<p>OTHER SERUM REACTION</p> <p><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.</p> <p><u>Excludes</u> complications of the specified types in 999.0-999.4 and complications <u>stated</u> to be allergic with skin conditions involved, see Dermatitis. See also Vol. 2 under Complications, vaccination.</p>
999.8			<p>OTHER TRANSFUSION REACTION</p> <p>See Vol. 2--Complications, transfusion for types codable to 999.8 or elsewhere. For <u>any current</u> transfusion complication, code <u>also</u> any known disease or injury which required the transfusion.</p>
999.9			<p>OTHER AND UNSPECIFIED COMPLICATIONS OF MEDICAL CARE, NEC</p> <p><u>Includes</u> complications of medical care NEC. See also notes above 999.0, in Vol. 1 for exclusions.</p> <p><u>Excludes</u> also all complications of surgical care, as in 996-998.</p>

999)

SHORT INDEX
OF
DISEASES, IMPAIRMENTS, AND INJURIES

(Revised January 2, 1979)

Note: Code numbers with "X" in the first digit are not in ICD; 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 AND HUMAN SERVICES
Public Health Service
National Center for Health Statistics
Division of Health Interview Statistics

JUN 7 1982

ACUTE/CHRONIC CODE:

- 1= Chronic
- 2= Acute

1-DIGIT ETIOLOGY CODES FOR IMPAIRMENTS (X00-X99)

- .0 Accident or injury except at birth
- .1 Cerebrovascular disease (stroke)
(with arteriosclerosis) (with hypertension)
- .2 Neoplasm
- .3 Diabetes (with cataract or glaucoma)
- .4 Poliomyelitis
- .5 Cataract with glaucoma
- .6 Cataract without glaucoma
- .7 Glaucoma without cataract
- .8 Other eye diseases
- .9 Congenital origin NEC or birth injury
- .X Other conditions not in .0 to .9
(non-traumatic) (non-congenital)
(hereditary) (old age) ("age" NOS)
- .Y Unknown or unspecified origin

-A-

Abnormal

- basal metabolic rate 794.7
- electrocardiogram 794.3
- glucose tolerance test 790.2
- in pregnancy, childbirth, or puerperium 648.8
- loss of weight 783.2
- Pap smear 795.0
- periods (menstrual) 626.9
- sites or types not listed above:
See Vol. 2

Abrasion: See Injury, superficial

Abscess, abscessed 682.9

- ear, acute 382.0
- gum 523.3
- lung 513.0
- specified sites, other: See Vol. 2
- tooth, teeth (root) 522.5

Absence

- breast X32
- nipple only (congenital) X32.9
- ear (flap) X90
- extremity: (complete or partial)
- lower only:
 - feet, both X27
 - foot, one X29
 - leg, one X28
 - legs, both X26
 - toes on both feet X27
 - tip(s) only X35
 - toe(s) on one foot X29
 - tip(s) only X35
- upper only:
 - arm, one X23
 - arms, both X20
 - finger(s), one hand X25
 - tip(s) only X35
 - both hands X22
 - tip(s) only X35
 - hand, one X24
 - hands, both X21
 - thumb(s): See finger(s)
- eye: See Blindness
- jaw X92
- joint of:
 - extremity X34
 - trunk X33

Absence---continued

- kidney X31
- larynx (voice box) X11
- lip X90
- lung X30
- nail(s) 757.4
- acquired 703.8
- nose X90
- sites NEC--not impairments:
See Vol. 2
- teeth or tooth
- (-3 mos) NEC 525.1
- due to injury 873
- (3 mos+), any cause X92
- congenital X92.9
- tongue (congenital) X11.9

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Acid stomach 536.8

- due to nerves (psychogenic) 306.4

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NEC 989.9
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 --due to
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 ----with asthma 493.0
 ---pollen (grass) (ragweed) 477.0
 ----with asthma 493.0
 ---pollen, dust, feathers (multiple
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 ----with asthma 493.0
 --due to
 ---drugs NEC 995.2
 ----skin effect specified: See
 Allergy, skin
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 ----skin effect specified: See
 Allergy, skin
 -present effects specified
 --respiratory system involved:
 ---asthma 493.9
 ----with cause stated 493.0
 ---breathing difficulty (lower
 respiratory) 493.9
 ----with cause stated 493.0
 ----with hay fever 493.0
 ---upper respiratory only 477.9
 ----with hay fever 477.9
 -----due to pollen (grass)
 (ragweed) 477.0
 -----due to substance other than
 pollen 477.8
 -----due to multiple substance in
 477.0-477.8: code 477.7
 ---chest 493.9
 ----with cause stated 493.0
 ----with hay fever 493.0
 ---congestion (lung) NOS 493.9
 ----with cause stated 493.0
 ----with hay fever 493.0
 ---upper respiratory (nasal)
 (nose) 477.9
 ----with hay fever 477.9
 -----due to pollen (grass)
 (ragweed) 477.0
 -----due to substance other than
 pollen 477.8
 -----due to multiple substance in
 477.0-477.8: code 477.7

Allergy, allergic---continued
 -present effects specified---continued
 --respiratory system involved---
 continued
 ---cough, coughing 493.9
 ----with cause stated 493.0
 ----with hay fever 493.0
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 ----with hay fever 477.9
 -----due to pollen (grass)
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 -----due to substance other than
 pollen 477.8
 -----due to multiple substance in
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 -----and lower respiratory involve-
 ment 493.0
 -----and lower respiratory involve-
 ment 493.9
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 ----with
 -----asthma 493.0
 -----lower respiratory involve-
 ment 493.0
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 -----with asthma 493.0
 -----eye watering 477.9
 -----with asthma 493.0
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 -----due to pollen (grass)
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 -----due to substance other than
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 -----due to multiple substance in
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 -----due to substance other than
 pollen 477.8
 -----due to multiple substance in
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 ---with upper respiratory
 allergies 493.9
 -----with cause stated 493.0
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 ---with skin allergies and other
 allergies: code respiratory,
 skin, and other
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 -present effects specified---continued
 --respiratory system involved--
 continued
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 ---sniffles: See Allergy, hay fever
 ---wheezing: See Allergy, asthma
 --skin involvement (dermatitis)
 (eczema) (with rash or itching) NOS
 692.9
 ---due to
 ----contactants: See Dermatitis, due to, by substance contacted
 ----drugs
 -----internal use (ingested)
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 --multiple substance in 693.0-693.8:
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 --multiple substance in 692.0-692.9
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 --due to
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 ----with shock 995.0

Allergy, allergic--continued
 -Other---continued
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 ----due to pollen (grass)
 (ragweed) 477.0
 ----due to substance other than pollen 477.8
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 - specified deformity: code the arthritis and also X70-X79, by site
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- back NOS 721.9
- deformans (crippling) 715.9
- degenerative (crippling) 715.9
- spine 721.9
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- congestive 428.0
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Hypertension, kidney) 403.9
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Hypertension, kidney) 403.9
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age) 779.3
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- ear 388.9
- extremities: See Edema
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- joint
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 --elbow 812
 --face bones 802
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 --foot, except toe(s) alone 825
 --hand (one) 815
 --heel 825
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 --jaw (mandible) (maxilla) 802
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 --face 991.0
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 -disease or trouble NOS 575.9
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 -lung 513.0
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Gastritis (See also Vol. 2) 535.5
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 -alcoholic 535.3
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 --diet deficiency 269.9 †
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Gastroenteritis (acute) (chronic)
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 -influenzal 487.8
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 -any onset 365.1

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Gout, gouty (See also Vol. 2) 274.9

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Hardening
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Harelip (congenital) X91.9

Hay fever (allergic) 477.9
 -with
 --asthma 493.0
 --other allergy: code 477.9 and the
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 --other respiratory allergies
 (lower) 493.0
 ---upper only 477.9
 ----due to
 -----pollen (grass) (ragweed) 477.0
 -----substance other than pollen
 (dust) (feathers) 477.8
 -----multiple substance in
 477.0-477.8: code 477.7
 ----and lower 493.0
 --skin allergy: code 477.9 and the
 skin allergy: See also Allergy,
 skin
 -due to
 --pollen (grass) (ragweed) 477.0
 --substance other than pollen
 (dust) (feathers) 477.8
 --multiple substance in
 477.0-477.8: code 477.7

Headache 784.0
 -allergic 346.2
 -eyestrain 368.1
 -migraine 346.9
 -nervous, or due to nerves 784.0
 -sick 346.1
 -sinus (See also Sinusitis) 473.9
 -tension 784.0

Hearing, impaired
 -(-3 mos)
 --cause given: code cause only
 --cause unknown: code 388.9
 -(3 mos+)
 --both ears X06
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 --unknown whether one or both
 ears X09
 -indicating "deafness": See
 Deafness

Heart attack 414.8

Heartburn 787.1
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Heat (effects), current (See also Vol. 2) 992.9
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Hemorrhage NEC (See also Vol. 2) 459.0
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 --coronary 414.9
 --neck: code as for Hemorrhage, brain, Vol. 2
 -eye 379.8
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 --specific organs: See Vol. 2
 -heart 429.8
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 -retina 362.8
 -stomach 578.9

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 -"acute" 570
 --"infective" 070.1 †
 -alcoholic 571.1
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 -epidemic 070.1 †
 -post-immunization 070.3 †
 -post-transfusion 070.3 †
 -virus 070.9 †

Hernia, hernial (acquired) (traumatic-old)
 -site unspecified 553.9
 --with obstruction 552.9
 ---gangrenous 551.9
 -due to current injury, heavy lifting or strain (any site) 848
 -groin or inguinal 550.9
 --with obstruction 550.1
 --gangrenous (with obstruction) 550.0
 -hiatal (esophageal) 553.3
 --with obstruction 552.3
 --congenital 750.6
 --gangrenous (with obstruction) 551.3
 -navel (umbilicus) 553.1
 -other sites: See Vol. 2

Herpes, herpetic (See also Vol. 2) 054.9
 -eye (zoster) 053.2 †
 --simplex 054.4 †
 -eyelid (zoster) 053.2 †
 --simplex 054.4 †
 -lip 054.9
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Hiccough 786.8
 -due to nerves (psychogenic) 306.1

High
 -blood pressure (See also Hypertension) 401.9
 --specified as malignant 401.0
 --specified as benign 401.1
 -blood sugar 790.2
 -cholesterol 272.0

Hives (bold) (with itching or swelling) (See also Urticaria) 708.9
 -chronic 708.8
 -due to
 --allergy or allergic 708.0
 --cold or heat 708.2
 --food 708.0
 --nerves NEC 306.3 and allergy: ignore nerves
 --plants 708.8
 -giant 995.1

- Hoarseness
 -(-3 mos) 784.4
 -(3 mos+) X11
- Hodgkins disease NOS 201.9
- Hole in heart 746.9
- Hormone deficiency 259.9
- Humpback, hunchback (acquired) X70
 -congenital X70.9
- Hydrocephalus X93
 -congenital X93.9
- Hyperacidity (gastric) 536.8
 -due to nerves (psychogenic) 306.4
- Hyperactive, hyperactivity
 -child 314.0
- Hyperglycemia 790.6
- Hypertension, hypertensive (arterial)
 (disease) (essential) (See also
 Vol. 2) 401.9
- NOTE: The following 4th digit sub-
 divisions are for use with categories
 401-405:
- .0 specified as malignant
 - .1 specified as benign
 - .9 not specified as malignant
 or benign
- with
- heart involvement (conditions in
 428, 429.0-429.3, 429.8, 429.9
DUE TO hypertension) (See also
 Hypertension, heart) 402.-
 - renal sclerosis or failure
 (conditions in 585, 586, 587)
 (See also Hypertension, kidney)
 403.-
 - cardiorenal (disease) 404.-
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 -cardiovascular
 --disease (arteriosclerotic) 402.-
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 -complicating pregnancy, childbirth,
 or the puerperium 642.9
 -heart (disease) (conditions in 428,
 429.0-429.3, 429.8, 429.9 DUE TO
 hypertension) 402.-
 --with
- hypertensive kidney disease
 (conditions in 403) 404.-
 - renal disease 404.-
 - kidney 403.-
 - with
 - heart involvement (conditions
 in 428, 429.0-429.3, 429.8,
 429.9 DUE TO hypertension) 404.-
 - hypertensive heart disease
 (conditions in 402.-) 404.-
 - renal (See also Hypertension,
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- Hypertrophy, hypertrophic (See also
 Vol. 2)
- adenoids (and tonsils) (infected)
 474.1
 - arthritis (chronic) 715.9
 - spine 721.9
 - breast 611.1
 - cardiac (chronic) 429.3
 - with
 - rheumatic fever 398.9
 - hypertensive (See also
 Hypertension, heart) 402.9
 - colon 569.8
 - congenital 751.3
 - kidney 593.1
 - congenital 753.3
 - liver 789.1
 - "acute" 573.8
 - congenital 751.6
 - lymph gland 785.6
 - ovary 620.8
 - prostate 600
 - congenital 752.8
 - thyroid (gland) (See also
 Goiter) 240.9
 - tonsils (and adenoids) 474.1
 - uterus 621.2
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Hypoglycemia NOS 251.2

Hypotension (See also Vol. 2) 458.9

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Impaired

-hearing: See Hearing, impaired

-vision: See Manual, Visual
Impairments

Impediment

-speech: See Speech defect

Impetigo (See also Vol. 2) 684

Improper food or diet NEC 269.9

Incompetency, mental NEC 298.9

Incontinence (urine) 788.3

-faces 787.6

--due to nerves 307.7

-urine 788.3

--due to nerves 307.6

Incoordination, muscular

-(-3 mos) 781.3

-(3 mos+): code to Paralysis,
partial, by site

Indigestion (bilious) (functional)
536.8

-acid 536.8

-nervous or due to nerves 306.4

Infarction, myocardial (any onset)
414.8

Infection, infected 136.9

-bladder (See also Cystitis) 595.9

--(-3 mos) 595.0

--(3 mos+) 595.2

-chest (acute) (chronic) 519.8

-ear (acute) (chronic) (middle) (See
also Otitis Media, Vol. 2) 382.9

--fungus (outer), any onset 111.8

--inner, any onset 386.3

--outer, any onset 380.1

-eye NEC 360.0

-eyelid NEC 373.9

-finger (skin) 686.9

--nail (with lymphangitis) 681.0

-foot (skin) 686.9

--fungus 110.4

-fungus (See Fungus) NEC 117.9

--vagina 112.1 †

-gallbladder (acute) 575.0

--with

----stones in

-----bile duct 574.3

-----gallbladder 574.0

--chronic 575.1

---with

----stones in

-----bile duct 574.4

-----gallbladder 574.1

-gland (lymph) (-3 mos) (in groin)
(under arm) (neck) NEC 683

--(3 mos+) 289.1

--mesenteric, any onset 289.2

--onset, unknown 289.3

-gum (See also Gingivitis, Vol. 2)

--(-3 mos) 523.0

--(3 mos+) 523.1

-intestine (with diarrhea) 009.0

--influenzal 487.8

--viral 008.8

-kidney 590.9

--and bladder 590.1

--with kidney stone: code 592.0
only

-leg (skin) NEC 686.9

-liver: See Hepatitis

-lung 518.8

--fungus NEC 117.9

-nail (chronic) (foot) (toe) (with
lymphangitis) 681.9

--finger 681.0

--ingrowing 703.0

-nerves: See Neuritis

-prostate (See also Prostatitis,
Vol. 2) (acute) (chronic) 601.1

Infection, infected---continued
 -respiratory NEC 519.8
 --upper (acute) (infectious) (viral)
 NEC 465.9
 --multiple sites 465.8
 ---(-3 mos+) 472.2
 -skin NEC 686.9
 -stomach 535.5
 --viral 008.8
 -throat (any onset) 478.2
 --viral 462
 -toe (skin) 686.9
 --nail 681.9
 ---ingrowing 703.0
 -tonsil (and adenoid) (chronic) 474.0
 --(-3 mos) acute 463
 -tooth, teeth 522.4
 -urinary (tract) (See also Vol. 2) 599.0
 -uterus 615.9
 --(-3 mos) 615.0
 --(3 mos+) 615.1
 -virus NEC, NOS 079.9
 -yeast (See also Candidiasis, Vol. 2)
 112.9
 --vagina 112.1 †

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 -liver (See also Hepatitis) 573.3
 --chronic 571.4
 -lymph gland (onset unknown) (See also
 Lymphadenitis, Vol. 2) 289.3
 --(-3 mos) 683
 --(3 mos+) 289.1

Influenza (Asian) (viral) 487.1
 -with
 --bronchitis: See Bronchitis
 --cold (and diarrhea) 487.1
 --diarrhea 487.8
 ---and respiratory symptoms (upper)
 487.1
 --digestive symptoms only 487.8
 --intestinal symptoms only 487.8
 --nervous symptoms but no digestive or
 respiratory symptoms 487.8
 --pneumonia (any form) 487.0
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 487.1

Ingrowing, ingrown
 -hair 704.8
 -nail (finger) (toe) (with infection)
 703.0

Injury (current) 959
 -abdomen, abdominal (viscera) 868
 --muscle or wall 959
 -ankle 959
 -arm (and shoulder) 959
 -back NEC 959
 -blood vessel NEC 904
 -brain NEC 854
 -breast 959
 -buttock 959
 -cheek 959
 -chest: See also Injury, internal,
 chest
 --wall 959
 -ear 959
 -elbow (and forearm) (and wrist)
 959
 -extremity (upper) (lower) 959
 -eye (lid) (muscle) (globe) 921
 --superficial 918
 -eyebrow 959
 -face (and neck) 959
 -feet 959
 -finger(s) (nail) 959
 -foot (and knee) (and leg) (and
 ankle) 959
 -forehead 959
 -groin 959
 -hand(s) (and fingers) 959
 -head NEC 854
 -heart 861
 -heel 959
 -internal 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 722.0-722.9, by
 site
 -joint NEC 959
 --(3 mos +) with no residual
 specified 908.9
 -kidney 866
 -knee 959
 -larynx 959
 -leg 959
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Injury---continued

- lung 861
- mouth 959
- nail (finger) (toe) 959
- neck NEC (and face) 959
- nerve (with open wound) (current)
(See Vol. 2) 957
- acoustic 951
- arm 955
- finger 955
- following bone injury: code bone
injury only
- foot, feet 956
- forearm 955
- leg 956
- optic 950
- sciatic 956
- thigh 956
- spinal 953
- nose 959
- scalp NEC 959
- superficial 910
- skull 803
- spinal cord (See also Vol. 2) 952
- spine NEC 959
- superficial (with infection) (See
also Vol. 2) 919
- ankle (and hip) (and thigh) (and
leg) (and knee) 916
- arm 913
- upper (and shoulder) 912
- back 911
- chest wall (and other parts of
trunk) 911
- chin (and other part(s) of face,
neck or scalp, except eye) 910
- eye, eyelid 918
- face (and neck or scalp) (any
parts except eye) 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 (not classifiable
to same 3-digit category) 919
- scalp 910
- shoulder (and upper arm) 912
- toe(s) (nail) 917
- tooth, teeth 521.2
- trunk, any part 911

Injury---continued

- temple 959
- thigh (and hip) 959
- toe (nail) 959
- tooth, teeth 873
- whiplash (See Whiplash) 847

Insomnia 780.5

- due to nerves 307.4

Instability

- emotional (excessive) 301.3
- joint
- (-3 mos) 718.8
- lumbosacral 724.6
- sacroiliac 724.6
- (3 mos+) (post traumatic): code
to Orth. Imp., by site
- nervous 301.8
- personality (emotional) 301.5

Irritability

- bowel or colon 564.1
- due to nerves 306.4

Irritation

- nervous NEC 799.2
- skin NEC 686.9
- allergic: See Allergy, skin

Itching (with dry skin) 698.9

- with
- other skin conditions in 680-
709: omit 698.9
- any site due to:
- allergy: See Allergy, skin
- nerves 306.3
- and allergy: ignore nerves
- anus (rectum) 698.0
- ear(s) 698.9
- eyes (allergic) 372.0
- with hay fever 477.9
- genital organs 698.1
- other sites: See Vol. 2
- washerwoman's 692.4

-J-

"Jarred," "jarring"

- external site: See Injury, Vol. 2
- internal site: See Concussion, Vol. 2

Jaundice (yellow) (See also Vol. 2) 782.4

- newborn NEC 774.6
- post immunization 070.3 †
- post transfusion 070.3 †

Jerks, jerking 333.2

Jitters 799.2

Joint mice

- (-3 mos) 718.1
- knee 717.6
- (3 mos+): code to Orth. Imp., by site

Jungle rot NEC: See Fungus infection,
skin

-K-

Keloid (scar) 701.4

Kernel (armpit or groin) 785.6

Knock-knee (genu valgum) X76

Knots (cause and type unknown) (unknown
if internal or external) (site
unspecified) 782.2

- any, (-3 mos), due to injury: code to
Injury, by site and type
- site or type unspecified 959
- any described as "benign" or
"malignant": code as for Neoplasm
- breast 611.7
- (-3 mos) due to injury: code to
Injury, breast
- described as "benign" or "malignant":
code as for Neoplasm

Knots---continued

- other sites, external or not known
if internal or external 782.2
- other sites, known to be internal
(See also Mass)
- abdomen 789.3
- chest 786.6
- head 784.2
- neck 784.2

Kyphosis (See also Curvature of
spine) X70

-L-

Labor

- false 644.0
- premature 644.1

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) (current) 836
- site other than knee: code as
Sprain
- 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 783.0
- due to nerves 307.5
- coordination: See Incoordination
- memory: See Forgetfulness
- red corpuscles 289.6
- white corpuscles 288.8

Lame, lameness

- back or limbs NEC: code as for
Trouble of those sites

Laryngitis (acute) (viral) 464.0
 -with
 --tracheitis 464.2
 ---acute 464.2
 ---chronic 476.1
 -(-3 mos) 464.0
 --with
 ---influenza 487.1
 -chronic 476.0
 --with tracheitis (chronic) 476.1
 -streptococcal 034.0

Lazy

-eye (muscle) 378.9
 -liver 573.9

Leaky, leaking

-heart (See also Endocarditis)
 424.9

Leukemia (congenital) (acute)
 (chronic) (See also Vol. 2)
 208.1

Light hurts eye 368.1

Limitation, motion

-(-3 mos+) NEC X89
 -specified limb or back: code
 Orth. Imp., by site

Limps, limping NEC

-(-3 mos) 719.7
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 -ankle 719.4
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 --(3 mos+) X77
 -arm 729.5
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 -back 724.5
 --due to nerves: ignore nerves
 --low 724.2
 --sacroiliac 724.6
 -breast 611.7
 -chest 786.5
 --muscle
 ---(-3 mos) 729.1
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 -multiple sites in 719-729 (with stiffness) (with swelling) 729.9
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- bulbar (progressive) 335.2
- cerebral (any onset) (any type) X50
- congenital (since birth) X50.9
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 - other sites (bladder, face, larynx, etc.): See Vol. 2
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 - two or more specified extremities 437.9
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- complete (3 mos+)
 - ankle (one leg involved, and foot, same leg) X47
 - ankles (both legs involved and foot or feet) X46
 - anus (sphincter) X62
 - arm, one (with hand and/or finger(s) of same arm) X43
 - arms, both (with hand(s) and/or finger(s)) X42
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 - feet, both (with toe(s) on one or both feet) (without mention of leg(s)) X48
 - feet, both (with toe(s) on one or both feet and mention of one leg involved) X47 and code other foot also
 - feet, both (with toe(s) on one or both feet and both leg(s)) X46
 - finger(s) (one hand involved) (without mention of arm) X45
 - finger(s) (one hand involved, with mention of same arm) X43
 - fingers (both hands involved) (without mention of arms) X44
 - fingers (both hands involved and mention of one arm involved) X43 and code other hand also
 - fingers (both hands involved and both arms) X42
 - foot, one (with toe(s) on same foot only) (without mention of leg) X49
 - foot, one (with toe(s) on same foot and same leg involved) X47
 - hand, one (with finger(s) on same hand) (without mention of arm) X45
 - hand, one (with finger(s) on same hand) (with same arm involved) X43
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 - hands, both (with finger(s) on one or both hand(s) and mention of one arm involved) X43 and code other hand also
 - hands, both (with finger(s) on one or both hand(s) and both arm(s)) X42
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 - with speech impaired X11
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 - legs, both (with foot or feet and/or toe(s)) X46
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Paralysis---continued

- complete (3 mos+)---continued
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- ankles (both legs involved and foot or feet) X56
- anus (sphincter) X62
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- arms, both (with hand(s) and/or finger(s)) X52
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- feet, both (with toe(s) on one or both feet and mention of one leg involved) X57 and code other foot also
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 -nettle 708.8
 -serum (prophylactic) (therapeutic) 999.5

Reaction

-allergic (See also Allergy) NEC 995.3
 --drug NEC 995.2
 -anxiety 300.0
 -drug NEC 995.2
 --"overdose" or "poisoning" 977.9
 -lumbar puncture 349.0

Refusal of food NEC 307.1

Rejection

-food NEC 307.1
 -transplant 996.8
 --organ 996.8
 --skin 996.5

Retardation, mental X19

Retention, retained

-fluid 276.6
 -urine 788.2
 --due to nerves 306.5
 -water (in tissues) (See also
 Edema) 782.3

Retina, retinal disease NEC 362.9

-detachment 361.9
 -hemorrhage 362.8
 -inflammation 363.2

Retinitis (See also Vol. 2) 363.2

-pigmentosa 362.7

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Retrolental
-fibroplasia 362.2

Revenge
-Montezumas 009.0

RH (factor)
-incompatibility
--affecting newborn 773.0
--noted during pregnancy 656.1

Rheumatic
-fever (acute) (chronic) (See also Vol. 2) 390
--with
---cardiac hypertrophy 398.9
---carditis 398.9
---endocarditis 397.9
---heart disease NEC (conditions classified in 429.3, 429.8, 429.9) 398.9
--heart failure (congestive) (conditions in 428.0, 428.9) 398.9
---left ventricular failure (conditions in 428.1) 398.9
--myocarditis (conditions in 429.0) 398.0
--stated to be "cured", "old", or "history", "inactive" 399

Rheumatism, rheumatic (acute) (chronic) NEC (See also Vol. 2) 729.0
-back 724.9
-joint (chronic) NEC 716.9
-muscular 729.0
-spine 724.9

Rhythm
-heart, abnormal 427.9

Ringling in ears
-(-3 mos) 388.3
-(3 mos+): code as for Impaired hearing in X-code and 388.3

Rising in ear: See Infection, ear

Roaring in ear: See Ringling in ear

Rose fever (See also Hay fever) 477.9

Running, runny
-ear: See Infection, ear
-nose (chronic) 472.0
--(-3 mos) 460
--allergic 477.9
-sore of leg 707.1

Rupture, ruptured (See also Vol. 2) 553.9
-blood vessel (See also Hemorrhage) 459.0
--(-3 mos) due to injury: See Injury, blood vessel
-cartilage, current: See Sprain, by site
--knee (semilunar) 836
--old X86
-disc: See Disc
-eardrum 384.2
--traumatic
---(-3 mos) 872
---(3 mos+) 384.2
-ligament or tendon, current: See Sprain, by site
--(3 mos+): Code to Orth. Imp., by site
-navel 553.1
-other sites: See Vol. 2 under Rupture

-S-

Scar (painful) (tender) (contracting)
-cornea, acquired or congenital 371.0
-eardrums (3 mos+) 384.2
-facial disfigurement (chin, ears, face, lips, mouth, nose) X90
-keloid (any site) 701.4
-limbs, neck, back, trunk (external): code as Deformity of those sites
-lung (base) 518.8

983

Sciatica 724.3
-due to displacement of disc 722.1

Sclerosis

-renal 587
--with
---hypertension 403.9
---hypertensive heart disease
(conditions in 402) 404.9

Scoliosis (See also Curvature of spine) X70

Scratch: See Injury, superficial

Seizures (See Convulsions) 780.3
-epileptic (See also Epilepsy)
345.9

Senile, senility (with weakness)
(with forgetfulness) 797

-with
--depression 290.2
--mental changes NEC 290.9
--psychosis 290.2

Sensitive, sensitivity

-indicating allergy: See Allergy
-indicating pain: See Pain
-scar: See Scar

Shakes, shaking NOS: See Tremor,
trembling

Shaking palsy or paralysis (See also Parkinsonism, Vol. 2) 332.0

Shingles (See also Herpes zoster,
Vol. 2) 053.9
-eye 053.2 †

Shock 785.5

-due to
--shots (preventive) (serum)
(vaccine) 995.0
-emotional 308.9
-nervous or mental 308.9
-paralytic 437.9
-postoperative 998.0
-surgical 998.0
-traumatic: code nature of injury
only

Short, shortening, shortness

-Achilles tendon X76
-breath 786.0
-leg or arm: code as Deformity,
by site

Sick (to) (in) (on)

-stomach: See Upset, stomach

Sickness

-morning 643.0

Sinusitis (nasal) (chronic) (See also Vol. 2) 473.9

-(-3 mos) 461.9
--with
---cold, acute 465.8
---influenza 487.1
-"allergic" (See also Hay fever)
477.9
-due to, caused by
--allergy, any sinus 477.9
--deviated septum 470
--hay fever 477.9
--migraine: code 346.9 and the
sinusitis

Skin

-adolescent: See Acne
-dry (with itching) 698.9
-irritation NEC 686.9

Skinned: See Injury, superficial

Sleep

- disorder 780.5
- due to nerves 307.4

Slow

- heart rate 427.8
- learner X19

Smashed: See Crushed

Sore

- breast 611.7
- puerperal, postpartum, any onset 676.3
- extremity or trunk: See Pain
- indicating infection: See Infection, by site
- eye 379.9
- indicating infection: See Infection
- muscle: See Myalgia
- on skin: See Infection, skin
- open or running (skin)
- (-3 mos): code as for Infection, skin
- (3 mos+): code as for Ulcer, skin
- throat, acute (viral) 462
- with
- cold, acute 465.8
- influenza 487.1
- chronic 472.1
- strep 034.0
- skin: See Infection, skin

Spasm(s)

- site unspecified 781.0
- colon 564.1
- due to nerves 306.4
- eyelid 333.8
- face or facial 351.8
- habit 307.2
- habit or tic, any site 307.2
- heart: See Angina
- larynx 478.7
- due to nerves: ignore nerves
- limbs, back, trunk NEC: code as for Trouble of those sites
- muscle
- (-3 mos) 728.8
- (3 mos+): code as for Orth. Imp., by site
- pylorus: See Pylorospasm
- retinal (artery) 362.3

Spasm(s)---continued

- sacroiliac (old)
- (-3 mos) 724.6
- (3 mos+) X80
- stomach 536.8
- due to nerves 306.4
- throat 478.2
- due to nerves: ignore nerves
- tongue 529.8

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 X91.9
- (-3 mos) 784.5
- due to nerves 307.9
- stammering, stuttering 307.0
- (-3 mos+) X11
- stammering, stuttering X10

Spina bifida (congenital) X71.9

Spitting blood (See also Hemoptysis) 786.3

Splinter: code by site under Injury, superficial

Split, splitting

- lip, congenital X91.9
- with cleft palate X91.9
- nails 703.8

Spots

- on skin NEC 709.0

Spotting, intermenstrual NEC 626.4
 -irregular 626.6
 -regular 626.5

Sprain, strain (cartilage) (joint)
 (ligament) (muscle) (tendon)

-(-3 mos) NOT due to injury 718.2
 --knee 717.5
 --sacroiliac 724.6
 -(3 mos+) chronic or old
 --jaw X92
 --limbs, back, trunk: code as for
 Orth. Imp., by site
 -current (-3 mos) (See also Vol. 2,
 Sprain) 848
 --with open wound: code as 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)
 X73.9

Spur
 -bone 726.9
 -heel 726.7
 -vertebrae 726.9

Stammering
 -(-3 mos) 307.0
 -(3 mos+) X10

Stiffness
 -chronic, 3 mos+ or old
 --jaw X92
 --limbs, back, trunk, NEC: code as
 Orth. Imp., by site
 ---"permanent": code as Deformity,
 by site
 -current, -3 mos (See also Pain,
 -3 mos, by site)
 --ankle 719.5
 --elbow 719.5
 --finger 719.5
 --hip 719.5
 --joint NEC 719.5
 --knee 719.5
 --multiple sites 719.5
 --neck 719.5
 --sacroiliac 724.6
 --shoulder 719.5
 --specified site NEC 719.5
 --spine 724.8
 --wrist 719.5

Sting (animal) (bee) (fish) (insect)
 (jellyfish) (Portuguese man-o-war)
 (wasp) (venomous) 989.5

-plant 692.6

Stitch
 -abscess 998.5
 -burst (in operation wound) 998.3
 -meaning pain
 --in back 724.5
 --other sites: See Pain

Stone(s) (calculus) (See also Vol. 2)
 -bladder 594.1
 -kidney 592.0
 -ureter 592.1

Strabismus (congenital) NOS
 378.9

Strep
-throat (with cold) 034.0

Stress
-(-3 mos): See 308, Vol. 1
-(3 mos+): See 309, Vol. 1

Stroke (See also Vol. 2) 437.9
-"arteriosclerotic" 437.0
-with present effects of:
--nonpsychotic mental disorders: code 316.8 also
--psychosis 294.1
---"arteriosclerosis of brain" 290.4
---intracranial 294.8
--paralysis or other impairments, 3 mos+: code to the X-code by type and etiology. Code stroke also.

Stuttering
-(-3 mos) 307.0
-(3 mos+) X10

Sty, stye 373.1

Sugar
-in blood NOS 790.6
--high 790.2
--low 251.2
-in urine 791.5

Sun poisoning (allergic) 692.7

Sunburn 692.7

Sunstroke, current 992.0

Suspected
-no condition found 799.5

Swelling, swollen
-site not specified 780.9
-any site, due to allergy: code Allergy only
-abdomen 789.3
-breast 611.7
-extremities (with pain)
--(-3 mos) 729.8
--(3 mos+): code as Orth. Imp., by site
-glands (lymph) (any onset) 785.6
-intestines 789.3
-joints of limbs (with pain)
--(-3 mos) 719.0
--(3 mos+): code as Orth. Imp., by site
-stomach 789.3

Swimmer's
-ear 380.1

Synovitis (See also Vol. 2) 727.0

-T-

Tachycardia 785.0
-due to nerves 306.2
-specified type: See Vol. 2

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

Temper 301.3

Tendinitis, tendonitis (See also
Vol. 2) 726.9

Tenosynovitis (See also Vol. 2)
727.0

Tension NOS 799.2
-headache 784.0
-nervous 799.2
-"state" 300.9

Tetter 709.9

Thick
-blood 289.9

Threatened
-abortion or miscarriage (without
delivery) 640.0
-with
--abortion or miscarriage: See
Abortion, spontaneous, Vol. 2)

Thrombosis (vein) (See also Vol. 2)
453.9
-artery (See also Vol. 2) 444.9
-brain or cerebral (any onset)
434.0
-coronary (artery), heart, or
myocardium (any onset) 414.8
-eye 362.3
-leg 451.2
-lung 415.1
-retina 362.3

Tibial torsion X76

Tic (habit) (nervous) (facial) (eye)
(eyelid) 307.2
-douloureux, NOS (See also Vol. 2)
350.1

Tick
-bite 134.9

Tinnitus: See Ringing in ear

Tired blood 289.9

Tiredness 780.7

Tongue-tie X11.9

Tonsils
-bad, diseased
--acute 463
--chronic 474.9

Tonsillitis
-(-3 mos) 463
--with
---cold, acute 465.8
---influenza 487.1
-(3 mos+) 474.0

Tooth, teeth
-bad, decayed 521.0

Toothache, cause not specified
525.9

Torticollis (contracture, neck)
-any onset X79

Transplant
-complication NEC 996.7
--organ (failure) (infection)
(rejection) 996.8
--skin NEC 996.7
---infection 996.6
---rejection 996.5

Tremor, trembling
-site and cause unknown 781.0
-any site (3 mos+)
--due to
---stroke and other paralytic
diseases: code as Paralysis,
partial, by site
-due to
--old age, 65+ 797
-hereditary 333.1
-muscle (-3 mos) 728.8
--(3 mos+): code as Orth. Imp.,
by site

Tremor, trembling---continued
 -Parkinson's (See Paralysis agitans)
 332.0
 -specified sites, type unspecified,
 involving back, limbs, trunk: See
 Trouble of those sites

Trick knee (See also Section V) X86

Trouble (See also Disease)
 -female NOS, any onset 629.9
 -(-3 mos) cause unknown
 --back 724.9
 ---low or lumbar 724.9
 ---muscles 728.8
 --hearing 388.4
 --jaw 526.9
 --joint(s) of limb(s) 718.9
 --limb(s) 729.5
 --muscles 728.8
 --multiple sites, back or neck and
 limbs, muscles 729.9
 --neck 723.9
 --muscles 728.8
 --rib(s) 786.9
 --seeing 379.9
 --speech NEC 784.5
 --walking NEC 719.7
 -(3 most)
 --back, limbs, neck, trunk: See Orth.
 Imp., by site
 --hearing NEC: code as Hearing
 Impairment
 --jaw X92
 --muscle: See Orth. Imp., by site
 --rib(s) X89
 --seeing: See Manual, Visual
 Impairments
 --speech NEC X11
 --walking NEC X89

Tuberculosis (lung) (pulmonary) (See
 also Vol. 2) 011.9
 -non-pulmonary, not arrested: See
 Vol. 2, by site
 -stated to be "arrested" or "inactive"
 (pulmonary) (any site) 019

Tumor (See also Vol. 2) 239.9

Tunnel vision 368.4

Twitching: See Tremor

-U-

Ulcer (See also Vol. 2) 707.9
 -decubitus (any site) 707.0
 -duodenal (chronic) 532.7
 --with
 ---hemorrhage 532.4
 ----and perforation 532.6
 ---perforation 532.5
 ----and hemorrhage 532.6
 -gum 523.8
 -leg or lower extremity 707.1
 --decubitus (from pressure) 707.0
 --varicose 454.0
 ---infected 454.2
 -mouth 528.9
 -nose, nasal (passage) (septum)
 478.1
 --varicose 456.8
 -peptic (chronic) (site
 unspecified) 533.7
 --with
 ---hemorrhage 533.4
 ----and perforation 533.6
 ---perforating 533.5
 -skin (chronic) (See also Vol. 2)
 707.9
 --due to diabetes 250.9
 --lower extremity 707.1
 ---due to diabetes 250.9
 -stomach (chronic) 531.7
 --with
 ---hemorrhage 531.4
 ----and perforation 531.6
 ---perforation 531.5
 ----and hemorrhage 531.6
 -tooth 525.9
 -varicose (leg) 454.0
 --infected 454.2

Underactive
 -thyroid (acquired) 244.9
 --congenital 243

Underweight 783.4
 -any onset or degree
 --due to
 ---cancer or other active disease:
 code the cause only
 ---refusal or rejection of food
 307.1
 -extreme
 --due to
 --malnutrition 261
 -not extreme or degree not
 specified, any onset
 --cause not stated 783.4
 --due to
 ---dietary problems 269.9
 --malnutrition 263.9

Undiagnosed (disease) 799.9

Unknown 799.9
 -diagnosis 799.9

Unstable
 -colon 569.9
 -joint of limbs, or of back or
 spine (lumbosacral)
 (sacroiliac) (neck region): See
 Trouble of those sites

Upper respiratory infection NEC
 465.9

Upset
 -emotional 309.2
 -gastrointestinal 536.8
 --due to nerves 306.4
 --virus 008.8
 -intestinal (large) (small) 564.9
 --due to nerves 306.4
 --virus 008.8
 -mental 300.9
 -nervous 799.2
 -stomach 536.8
 --due to nerves 306.4
 --with acidity 536.8
 ---due to nerves 306.4

Uremia (See also Vol. 2) 586
 -chronic 585
 -hypertensive (See also
 Hypertension, kidney) 403.9

Urination (difficult) (painful)
 788.0
 -abnormal 788.6
 -frequent 788.4
 --due to nerves 306.5
 -scanty 788.5
 -uncontrolled 788.3
 --due to nerves 307.6

Urine, abnormal NEC 791.9
 -albumin in 791.0
 -blood in 599.7
 -cloudy NEC 791.9
 -pus in 599.0
 -retention 788.2
 --due to nerves 306.5
 -sugar in 791.5

Urticaria (with itching or
 swelling) 708.9
 -chronic 708.8
 -due to
 --allergy or allergic 708.0
 --cold or heat 708.2
 --food 708.0
 --nerves NEC 306.3
 ---and allergy: ignore nerves
 --plants 708.8
 -giant 995.1

-V-

Vaccination
 -complication or reaction NEC
 999.9
 --infection 999.3

Vaccinia 999.0
 -without vaccination 051.0

Vaginitis (acute) (chronic) 616.1
 -due to Trichomonas 131.0 †

Varicose (See also Vol. 2)
 -vein (lower extremity) 454.9
 --infected 454.1
 ---with ulcer 454.2
 --in pregnancy or puerperium 671.0
 --other specified sites: See Vol. 2
 --ulcerated 454.0
 ---infected 454.2

Virus, viral (infection) 079.9
 -chest 519.9
 -cold: See Cold
 -diarrhea (with cold) 008.8
 -influenza: See Influenza
 -intestinal 008.8
 --with cold 008.8
 -lung 480.9
 -pneumonia 480.9
 --with influenza 487.0
 -sore throat 462

Vision, half, poor, trouble with: See
 Manual, Visual Impairments
 -blurred
 --(-3 mos) 368.8
 --(3 mos+) code to X-code
 -double
 --(-3 mos) 368.2
 --(3 mos+) 368.2 and X-code
 -tunnel 368.4

Voice
 -change or loss
 --(-3 mos) 784.4
 --(3 mos+) X11

Vomiting (bilious) 787.0
 -allergic 535.4
 -blood 578.0
 -following gastrointestinal surgery
 564.3
 -frequent or pernicious 536.2
 --in pregnancy (abnormal) 643.0
 -nervous or due to nerves 306.4
 -newborn 779.3
 -of pregnancy (mild) 643.9
 --due to
 ---specific cause NEC 643.8

Vulvitis (allergic) (acute) (chronic)
 (See also Vol. 2) 616.1

-W-

Walking
 -difficulty
 --(-3 mos) NEC 719.7
 --(3 mos+) NEC X89
 --due to nerves: ignore nerves

Wart (common) (plantar) (viral)
 078.1
 -senile 702

Washerwoman's itch (allergic)
 692.4

Wasting
 -disease 799.4
 -extreme (due to malnutrition) 261

Water
 -on knee
 --(-3 mos) 719.0
 --(3 mos+): See Ortho. Imp., knee

Watering
 -eyes 379.9
 --allergic 372.0
 --with hay fever: See Hay fever

Wax in ears 380.4

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) 780.7
 --of newborn 779.8
 --65+ (old age) 797

Weak, weakness---continued

- arches (acquired) (congenital) (chronic) X77
- back (-3 mos) 724.9
- low or lumbar 724.9
- bladder 788.3
- eyes NEC 379.9
- eye muscles 378.9
- heart (muscle) or cardiac 428.9
- joints of limbs (-3 mos) 719.6
- kidney 788.9
- limbs 729.5
- muscles 728.9
- mind X19
- muscle 728.9
- myocardium 428.9
- nervous NEC 300.5

Web, webbed

- fingers X74.9
- neck X79.9
- toes X76.9

Weight

- gain: See Overweight
- loss, any onset 783.2
- due to
- active disease: code disease only
- dietary problems 269.9
- malnutrition 263.9

Wheezing 786.0

- allergic: See Asthma

Whiplash injury (neck) 847

- effects NEC (3 mos+) X80

Whooping cough 033.9

- with pneumonia 033.9 †

Worn out (See also Weakness) 780.7

Worry 799.2

Wound, open (cut) (laceration) (-3 mos) (complicated) (with foreign body) (with infection) (See also Vol. 2) 879

-with

- foreign body, 3 mos+, (residual or old) having entered through open wound

---bone 733.9

---soft tissue 729.6

- (3 mos+) with no residual specified code by site to 906.0-906.1 (See Vol. 1)

-abdomen, abdominal (external) (muscle) (wall) 879

-ankle 891

-arm 884

--forearm (lower) 881

--upper 880

-back 876

-breast 879

-chest (wall) (external) 875

-chin 873

-ear (auricle) (external) 872

--drum 872

---(3 mos+) 384.2

-eye(s) (globe) 871

-eyebrow 873

-eyelid (muscle) 870

-face (except ear and eye) (multiple sites) 873

-feet 892

-finger(s) (nail) (subungual) (thumb(s)) 883

-foot (any part except toe(s) alone) 892

-forearm 881

-forehead 873

-groin 879

-hand 882

-head NEC 873

-heel 892

-hip 890

-jaw (fracture not involved) 873

-knee 891

-leg (except thigh) (multiple) 891

-mouth 873

Wound, open---continued

-multiple

--unspecified site 879

NOTE: Multiple open wounds of sites classifiable to the same 4-digit category should be classified to that category unless they are in different limbs. Multiple open wounds of sites classifiable to different 4-digit categories, or in different limbs, should be coded separately.

-neck 874

-scalp 873

-shoulder (and upper arm) 880

-skin NEC 879

-thigh (and hip) 890

-throat 874

-toe(s) (nail) (subungual) 893

-trunk (multiple) (specified part)

NEC 879

SYMPTOMS

Confusion
 Congestion
 chest
 lung
 nasal
 sinus
 Constipation
 Convulsions
 Coordination, poor
 Coryza
 Cough, coughing up NOS
 blood
 croupy
 phlegm
 smokers
 sputum
 Cracked
 lips
 nails
 skin
 Cracking ear
 Cramps, any part of body
 Crazy acting
 Crick, any part of body
 Cruelty
 Crying
 too much (infant)
 adult
 Cyanosis

-D-

Defecation, painful
 Dehydration
 Dejected
 Delusions
 Depression
 Destructiveness
 Development
 breasts, uneven
 early
 lack of
 sexual, delayed or
 early
 Diaper rash
 Diarrhea
 Difficulty walking
 Discharge, any part of
 body
 Discoloration, skin
 Discomfort
 chest
 stomach
 Discontented
 Dislike of self

Disorder
 growth
 menstrual
 motor function
 respiratory rhythm
 respiratory sound
 Distention
 abdominal (gas)
 bladder
 Distress
 gastrointestinal
 heart
 respiratory
 stomach
 Dizziness
 Drainage
 ear
 umbilicus
 Drip, postnasal
 Drooling
 Drooping
 eyelids
 facial
 Dropping sensation,
 pelvic region
 Dropsy
 Drowsiness
 Dryness, any part of
 body
 Dysmenorrhea
 Dyspareunia
 Dyspepsia
 Dysphagia
 Dyspnea
 Dysuria

-E-

Earache
 Eats too much
 Edema
 Emesis
 Emotional upset
 Encopresis
 Enlarged
 any part of body
 glands of internal
 organs
 Enuresis
 Epistaxis
 Eruption, skin
 Erythema
 Euphoria

Excessive
 perspiration
 sweating
 thirst
 Exhaustion

-F-

Failure to thrive
 Fainting (spells)
 Falling out hair
 False labor
 Fatigue
 Fears
 Febrile
 Feeding problems
 Feeling, feelings
 faint
 loss of
 of uterus falling out
 prickly
 Fever
 Fever blister
 Fidgety
 Fits
 Flakiness of scalp or
 skin
 Flashes, hot
 Flatulence
 Floaters
 Fluid
 eardrum
 imbalance
 on abdomen
 retention
 Flushed
 Fluttering
 eyes
 heart
 Forgetfulness
 Freckles
 Frigidity
 Fullness
 abdominal
 bladder
 Fussy infant

-G-

Gagging
 Gas
 distention
 excessive
 pain

SYMPTOMS

Gasping for breath
 Giddiness
 Going crazy
 Grief
 Grinding
 jaw
 joints
 teeth
 Guilt

-H-

Hair, hairness
 abnormal
 falling out
 Halitosis
 Hallucinations
 Halos around eyes
 Headache
 Hearing voices
 Heartbeat
 increased
 skipping
 slow
 weak
 etc.
 Heartburn
 Heart murmur
 Hematemesis
 Hematuria
 Hemorrhage, any part of
 body
 Hemoptysis
 Hiccoughs
 Hiccups
 Hirsutism
 Hoarsness
 Homosexuality
 Hopelessness
 Hormone deficiency
 Hostility
 Hungry, always
 Hyperactivity
 Hyperesthesia
 Hypernasality
 Hypersomnia
 Hypertrophy
 Hyperventilation
 Hysteria

-I-

Ill
 Imbalance, fluid
 Immaturity
 Impacted
 intestines
 sinuses
 teeth
 Impotence
 Incontinence
 stool
 stress
 urine
 Incoordination
 Indecision
 Indigestion
 Infection, any part of body
 Infertility
 Inflammation, any part of
 body
 Ingrown nail
 Insomnia
 Inversion of nipple
 Irregular
 heartbeats
 menstruation
 pulse
 Irregularity
 Irritable, irritability
 adult
 infants
 premenstrual
 Irritation
 eye
 skin
 throat
 vulva
 Isolation, social
 Itching, any part of body

-J-

Jaundice
 Jerking, any part of body
 Jock itch

-K-

Knot
 breast
 stomach

-L-

Lack of
 confidence
 growth
 Lacrimation
 Lactation, improper
 Lassitude
 Leaking, rectal
 Lesion, skin
 Lethargy
 Leukorrhoea, vagina
 Light
 flashes.
 hurts eyes
 Lightheadedness
 Limping
 Listlessness
 Locked bowel
 Loose stools
 Losing mind
 Loss of
 appetite
 consciousness
 control (over
 behavior)
 equilibrium
 hair
 memory
 sense of balance
 senses
 weight
 Low
 blood count
 blood pressure
 Low or high
 metabolism

SYMPTOMS

-M-

Malaise
 Malingering
 Mass, any part of body
 Masturbation, excessive
 Matter, eye
 Melena
 Membranes, ruptured
 Memory
 disturbance
 loss of
 Menarche, delayed or
 early
 Menopause symptoms
 Menorrhagia
 Menstrual problems
 Mental slowness
 Misery, any part of
 body
 Movement limitation
 Mucus, excessive (nose)

-N-

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 Nausea
 Needles and pins
 Nerves, any mention of
 Nervous
 breakdown
 stomach
 Night sweats
 Nightmares
 Nodes, enlarged
 Nodules
 breast
 skin
 Noises
 hearing (psychiatric)
 in ear
 Nosebleed
 Not feeling well
 Numbness

-O-

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 Obstruction, nasal
 Odor, vaginal

Oiliness of
 hair
 skin
 Oligomenorrhea
 Orthopnea
 Out of breath
 Overaggressiveness
 Overactivity
 Overweight

-P-

Pain, any part of body
 Paleness
 Pallor
 Palpitations
 Panic
 Paresthesia
 Passed, passing
 blood
 out
 stones
 Peeling, skin
 Personality disturbance
 Phlegm
 bloody
 coughing up
 excessive
 Phobia
 Photophobia
 Photosensitivity
 Picking or Pulling
 at ears
 Pigmentation, skin
 Pimples
 Pinched nerve
 Pinkeye
 Plugged ear
 Polydipsia
 Pooped
 Poor heart
 Popping ear
 Pressure
 back
 chest
 ear
 head
 pelvic
 sinus
 Prickly sensation
 Prostration

Protrusion eyes
 Psychosexual disorders
 Pulled muscle
 Pus
 Pylorospasm
 Pyuria

-Q-

Quarrelsome

-R-

Rash
 Rattle chest
 Red nose
 Redness
 eyes
 nose
 skin
 Respiratory, respiration
 insufficiency
 labored
 painful
 sighing
 Restlessness
 Retching
 Retention of fluid
 Ridges
 nails
 tongue
 Rigidity, abdominal
 Ringing in head
 Roughness, skin
 Rubor
 Ruddy, skin
 Runaway
 Rundown
 Runny nose
 Runs

-S-

Sadness
 Sagging breasts
 Saliva, excessive
 Scaliness, skin
 Sciatica

INDEX OF OPERATIONS AND NON-OPERATIVE PROCEDURES, FOR HIS

Note: See Appendix II of the Medical Coding Manual for the Classification of Operations and Non-Operative Procedures used by HIS, with a general explanation of its content and form. In the following Index of Operations and Non-Operative Procedures, 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 13; Harelip operation 27; Pilonidal cyst operation 86. 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."

Operations are classified in nine groups of procedures:

1-Incision	2-Excision	3-Amputation	4-Introduction	5-Endoscopy
6-Repair	7-Destruction	8-Suturing	9-Manipulation	

These procedures are defined as follows:

1. Incision is a cutting into; an opening. Suffixes commonly used are:

- otomy---a cutting (to cut into)
- ostomy---a cutting into to form an opening
- centesis---a puncture (aspiration)

2. Excision is a cutting out. Suffixes commonly used are:

- ectomy---a cutting out (to cut out, excise, or excision)
- exeresis---removal (to strip out)

3. Amputation is cutting off. No suffix is used. However, these words mean amputation:

- Disarticulation
- Dismemberment

4. Introduction No suffix is used. However, these words mean introduction:

- Injections
- Implantations
- Insertions
- Transfusion

5. Endoscopy is viewing or looking within. The suffix used is:

- scopy (view)

In this procedure a scope is used. Some examples of this procedure are:

- Anoscopy--viewing of anus
- Bronchoscopy--viewing of bronchus
- Cystoscopy--viewing of the urinary bladder
- Otoscopy--viewing of the external ear

6. Repair means to form. Suffixes commonly used are:

- plasty (to form)
- ostomy (a mouth)
- desis (a binding)
- pexy (a fixing)

Procedures are as follows:

- plasty (repair or reform) (lengthen or shorten) (graft) (attach or reattach) (advancement) (recessions) (open reduction)
- ostomy (join together and form permanent openings between two distinct spaces.)
- desis (fusion) (stabilization) Example: Arthrodesis--a surgical stabilization of a joint.
- pexy (fixation) (suspension)

7. Destruction is a breaking down. Suffixes commonly used are:

- clasis (destroy) (to break down)
- tripsy (crush)
- lysis (to loosen) (to free)

Some procedures for which no suffixes are used but are of the destructive type are:

- | | |
|---------------------------------|-----------------------------|
| cauterization (a branding iron) | diathermy (heating through) |
| debridement (clean out) | fulguration (lightening) |

8. Suturing is a sewing. The suffix used is:

- rrhaphy (a seam)

Some examples of this procedure are:

- Laryngorrhaphy--suturing of larynx
- Arteriorrhaphy--suturing of artery
- Bronchorrhaphy--suturing of bronchus
- Enterorrhaphy--suturing of intestine

9. Manipulation is handling. Suffixes commonly used are:

- taxis (a stretching)
- ectasia (out--a stretched condition or dilatation)

Some procedures are:

- Closed reduction (of fracture)
- Application (of cast)

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