

National Health Survey
Health Interview Survey
Medical Coding Manual
and
The Short Index

Revised July 1, 1964
(Fiscal year 1965)

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

PUBLIC HEALTH SERVICE
NATIONAL CENTER FOR HEALTH STATISTICS

In Cooperation with the Bureau of the Census

PREFACE

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

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

Section I. No change.

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

Sections III, IV, V. No basic changes.

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

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

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

Appendix I. Change in X00-X05 codes for vision.

Change in Etiology Code for Visual Impairments.

Code X35 has been deleted.

Titles of X36-X39 have been changed.

Appendix II. No basic change.

Appendix III. No basic change.

Short Index. Minor changes.

II. Earlier Revisions

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

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

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

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

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

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

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

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SHORT INDEX OF DISEASES, IMPAIRMENTS, INJURIES, AND OPERATIONS

- A. The Health Interview Survey, of the National Health Survey The Health Interview phase of the National Health Survey, begun July 1, 1957, is a continuing survey based on household interviews conducted by the Bureau of the Census. The survey is made on a sample basis. Approximately 42,000 interviews will be conducted over the course of a year, with households located in every one of the 50 States, and the District of Columbia.
- Data collected in the Health Interview Survey will provide a statistical picture of illness and disability in the population of the nation, as well as information on related subjects such as time lost from work or school because of illness and medical care received by persons who are ill. One of our nation's greatest resources is a healthy population. The health of the nation may be evaluated in economic terms, such as the loss of individual income or the reduction of total national economic production because of illness or injury. It may be evaluated in terms other than economic, such as the extent of occurrence of particular kinds of illness. Since the overall health of the nation is of vital importance, it is necessary to be able to measure our health assets and liabilities in terms of the entire population.
- The Congress of the United States, realizing the necessity for national health statistics, authorized a continuing National Health Survey (Public Law 652 of the 84th Congress) which was signed into law by the President in 1956.
- The Health Interview Survey, with other branches of the National Health Survey, is sponsored by the United States Public Health Service, which is a part of the Department of Health, Education and Welfare. The Public Health Service has asked the Bureau of the Census to conduct the interviewing because of the Bureau's function as an objective fact-finding agency and because of its broad experience in conducting surveys. The Bureau also performs most of the clerical operations necessary for processing the data. The findings of the survey are analyzed and published by the Public Health Service, in the National Center for Health Statistics.
- B. Importance of the Medical Coding Medical coders play a very important part in the success of the National Health Survey. They must translate into numerical symbols all of the information on the questionnaires about diseases, injuries, accidents, deliveries, and operations. Mistakes in medical coding can seriously affect the accuracy of data which will be furnished to people who will base their decisions and plans on this material.

C. Codes Used

1. **Diagnostic** The 4-digit diagnostic code for the condition causing the sickness or disability is derived from the International Classification of Diseases, (1955 revision) and a supplementary classification called the X-Code for Special Impairments. The X-Code is listed and described in detail in Appendix I of this Manual.
2. **Operations** Operations are coded according to the 2-digit Type of Operation Code, listed in Appendix II.
3. **Accidents** Injuries, and their effects, require certain other codes, in addition to the diagnostic code. These are described further in Section VII.

D. The Short Index

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

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

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

HIS	Health Interview Survey
NHS	National Health Survey
PHS	Public Health Service
WHO	World Health Organization

 2. Certain classifications and references to them

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

 3. Certain parts of the questionnaire and booklet

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

 4. Time of onset of a condition

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

E. Abbreviations--
Con.

5. Age of person ICD classifies certain diseases according to age of the person:
- | | |
|---------|---------------------------------|
| -4 wks | Infants under 4 weeks of age |
| 4 wks+ | Persons 4 weeks of age or older |
| -1 yr | Infants under 1 year of age |
| 1 yr+ | Persons 1 year or older |
| -65 yrs | Persons under 65 years of age |
| 65 yrs+ | Persons 65 or over |
6. Other abbreviations in Manual and Short Index
- | | |
|----------|---|
| NOS | Not otherwise specified, or so stated-in reference to a medical term. |
| NEC | Not elsewhere classified in a particular listing or some other place in the various classifications - in reference to a medical term. |
| App. | Appendix |
| ORTH IMP | Orthopedic impairment of the lesser kinds in X70-X79 - not paralysis and not deformity; " <u>see</u> ORTH IMP," in the Short Index, is a referral to the listing under Orthopedic Impairment NEC. |
| OP | Operation: " <u>see</u> OP NEC" is a referral, in the Short Index, to the listing under Operation, NEC. |

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

F. Training Preliminary to Coding--Con.

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

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

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

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

F. Training Preliminary to Coding--Con.

3. Vol. II

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

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

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

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

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

4. Appendix II

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

5. Appendix I

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

6. Summary

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

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

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

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

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

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

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

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

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

B. Use of Colored Pencils

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

- a. A green pencil is used: (1) to line out entire lines of conditions in table I that are to be deleted and not coded in any way; and (2) to call attention to certain errors made by the interviewers.
- b. A purple pencil is used by the MCQ only, for one purpose only. If an interviewer error, of the type in the Census-issued "List of Error Codes for Illness, Injury, and Hospitalization Entries," is noted by the MCQ, the MCQ selects the proper code for it and enters it, in purple pencil on the questionnaire, according to Census Bureau instruction. When, later, the Comp. DCC sees such an entry on the questionnaire, she enters it, in black pencil, in the proper ovals, as applicable, in either cols. 37, 38 of a Condition Card or cols. 14, 15 of a Hospital Card. If no error code of this type is applicable, XX is used on the card. The code for an error of this type is referred to also as an "inadequacy" code. Note: The MCC has no part in the application of this "inadequacy" code. When the columns headed "Inadequacy or Dummy Code" are to be filled for "missed" conditions, proceed as in C, d, below.
- c. A red pencil is used to make all other entries on the questionnaire, including lining out conditions that are to be merged with other conditions.

C. Basic Steps General Checking

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

- a. Check item 1 on the face of the questionnaire; if more than one questionnaire is indicated there, but one, or more, of these is missing, report this to the supervisor.

- C. Basic Steps
- Step 1:
General
Checking--
Con.
- b. Check the column number of the person. The questionnaire has space for 6 household members, one column for each, numbered 1, 2, etc. If one of these persons has been deleted by the interviewer from the household, the Col numbers of the other persons on any one questionnaire are not to be changed. If a second or third questionnaire is necessary because of the number of people in the household, the Col numbers of the persons on a second questionnaire must always begin with 7, 8, etc., and on a third, 13, 14, etc. If the interviewer has not changed the Col numbers on a second or third questionnaire of a set, renumber in green pencil. If a person has a condition in table I or II, see that the correct number for him is in Col (a) of table I or II. It is most important that the number in Col (a) be identified with the right person and the right condition. If the interviewer has entered a wrong person number in Col (a), (or left Col (a) blank) edit Col (a) in green pencil. This will prevent absurd situations such as an entry for a delivery in table I or II, with "3" in Col (a) when "3" is a male 5 years old! The MCC will also fill the proper ovals in Cols 11 and 12 of the card for the correct column number of the person.
- c. Check the question number: Edit the question number shown in Col (b) of table I, and table II, so that it contains the right source from which the diagnosis was derived. If the interviewer has entered a wrong number, correct it in green pencil. For table II, the MCC will fill Col 13 of the Hospital Card according to whether this codable hospitalized condition was derived from questions 13, or 15, or some other.
- Effective July 1, 1964 (FY 1965) codable conditions in table I, derived from special supplementary items, are to be coded - rather than deleted, as formerly. Codable conditions derived from any part of the questionnaire are to be coded. Ovals in Cols 13, 14 of the condition card have been revised.
1. If the condition was correctly carried back to table I from table II by the interviewer, the question number in table I should read "table II", and the "table II" oval of the condition card should be filled.
 2. If "RR" is shown in Col (b), fill the "R & R" oval. This indicates that the interviewer has carried this condition back from the Redesign and Reevaluation (R & R) Supplement (applicable only for the first quarter of FY 1965)
 3. If a codable condition in table I has been derived from any numbered question, including conditions correctly carried back from question 16, 17 (purchase of medicines) code the conditions, and see that the question number in Col (b), and Cols 13, 14 of the Condition Card are correct.
 4. If it is impossible to determine the source, or if the condition was volunteered, write "V" in Col (b) and fill the "V" oval in Col 13

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

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

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

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

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

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

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

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

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

2. Conditions missing from table II: Watch for entries in questions 13 or 15, or other places, such as the note to Interviewer at left of table II, - that indicate that the person was hospitalized one or more times but table II does not have an entry for this. Look through the questionnaire for a footnote or notation that may explain why these hospital stays are not included in table II. If some explanation is found, refer to supervisor who will furnish you with data for completing table II. If no explanation can be found, and the case is to be treated as a "missed" hospitalization, both the MCQ and the MCC will place a green check beside the item in 13 or 15, or elsewhere, that indicates a missed hospital stay. The MCC will make a dummy hospital card, entering "00" in Cols 14,15, and the appropriate question number in Col 13. See also Step 5, for special checking for hospitalizations. Births "missed," from question 15d, get 2 dummy cards, 1 for mother, 1 for child.
- e. Inadequacy Codes: See B, b, of this Section. If a condition or a hospital stay is codable, and is not a "missed" condition, the MCC fills the columns of the card that are applicable, and ignores the column headed "Inadequacy or Dummy Code".
- f. Data changed in the field: If the interviewer has made a wrong entry, and has changed it in the field, code the information, as changed.
- g. Table A: Note whether table A has been filled. See Section VII.

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

- a. Judge whether a condition in table I is acute or chronic according to instructions in Section III of this Manual. Enter in Col (aa) of table I the following: 1, if chronic; 2, if acute. The MCC will also fill the proper oval in Col 42.
- b. Conditions to be Deleted: 1. Acute conditions in table I with NEITHER medical care NOR restricted activity of any kind in the past 2 weeks: If Col (c) is "no", and there is no evidence of any kind in Cols (e) through (l) of any kind of disability or restricted activity, line the condition out in green pencil and do not code it in any way. If (h) says "yes", or there were cut-down days or bed-days or work- or school-loss days, do NOT line out the condition. Also, if Col (c) is blank, DK, or NA, do NOT line out the condition, regardless of how Cols (e) through (l) are filled or even if (e)-(l) are all blank.
MCC: Fill Col 15 of the Condition Card (talked to doctor), as entered; if blank, fill the "V" oval; if "DK" or "NA", fill the "DK" oval.
2. Certain chronic conditions in table I, corrected by surgery prior to the past year, may be deleted, provided there is no present effect, and no activity or mobility restriction or limitation of any kind in the past 2 weeks or in the past year, and with blank in (u) and (w). See Section IV for further details.
3. Watch for acute-type conditions in table I, such as "swallowed poison", or "pneumonia", with no days of cut-down in the past 2 weeks, which have been brought back by the interviewer from table II or elsewhere to table I, in error; conditions of this kind, and others not related to chronic conditions on Cards A or B, with no days of disability in the past 2 weeks, may be deleted in table I; but consult supervisor first.
4. Stays in table II for well newborn babies: line out in red pencil; but do not delete stays for prematurity or any abnormality.

C. Basic Steps--Con.**Step 3: Assigning Diagnostic Codes and Where to Enter Them**

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

- a. Number of digits per diagnosis: Each diagnostic code must have 4 digits. If a code has only 3 digits--for example, anemia 293--use "X" for the 4th digit, and enter 293X for the diagnosis.
- b. Total number of diagnoses, per person, table I: Medical coders determine, after deleting and sometimes combining certain conditions, how many conditions a person has. The MCQ makes no entry for number of conditions. However, this is an important step for the MCC, in preparing the Condition Card. If a person has no conditions in table I, no Condition Card is made. If the person has one or more conditions, Cols 39 and 40 of the card must be filled. Col 39 is for the total number of conditions a person has, and Col 40 tells whether the condition is the first or only, or is the second, third, fourth, etc. of multiple conditions for this person.
If the total number is 9 or more, fill the "9+" oval.

- c. Where to enter the diagnostic codes:

The MCC enters the diagnostic code for a condition in table I in Cols 16-19 of a Condition Card; and the diagnostic code for a hospital stay in Cols 25-28 of a Hospital Card.

The MCQ writes her diagnostic codes on the questionnaire as follows:

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

Step 4: Recording Additional Facts about Injuries and Accidents:

See Section VII.

Basic Steps--Con. Step 5

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

a. Special checking:

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

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

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

Cols (c) through (g) should be checked carefully and all inconsistencies should be referred to the supervisor. This inconsistency check should include such items as:

- (1) Verifying that some part of the hospital stay occurred between the date stamped in question 13 and the Sunday night prior to the week of interview.
- (2) Check that the date of admission is not after the date of Sunday prior to the week of interview.
- (3) Check that the date of admission is consistent with the entries in Cols (d) and (e):
 - (a) If the date of admission is within the 12 month period prior to week of interview, Cols (d) and (e) should have the same entries.
 - (b) If the date of admission is prior to the past 12 months the entry in Col (d) should be greater than Col (e).
- (4) Verify that entries in Col (f) (nights in the past 2 weeks) are consistent with Col (c) date of entry and Col (d) number of nights in hospital and be sure the entry in Col (f) is not larger than the entries in Cols (d) and (e).

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

- (5) Verify the correctness of the entry in Col (g) by the entries in Cols (c) and (d). (Use a calendar.)
- (a) If col (g) is checked "No," the number of nights in Col (d) added to the date of admission in Col (c) may be equal to but cannot exceed the date of Sunday prior to the week of interview.
- (b) If Col (g) is checked "Yes," the number of nights in Col (d) added to the date of admission in Col (c) must include the date of Sunday prior to the week of interview.

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

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

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

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

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

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

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

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

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

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

This information is recorded by the MCC only.

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

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

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

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

- a. Editing Responsibilities-Revised July 1, 1964:

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

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

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

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

- a. Editing Responsibilities--Con.
2. If Col (r) has bed-days in past 2 weeks, and these are more than those in (j), change (j) to agree with (r). After adjustment, if days in (j) are greater than (i), change (i) to agree with (j). If (j) is equal to or larger than (r), do not change (j) or (r). Editing of this kind will be made in red pencil.
3. If Col (q) has 365 days, (f) and (h) should say "yes", and (i) and (j) should have 14. If (q) is less than (j), change (q) to agree with (j). If days are "DK" in (q), but there are known days in (j), edit (q) to agree with (j).
4. If, by the rules, a condition must be coded as chronic, but has been stopped at Col (aa) in error, adjust for blanks beyond (aa) on the questionnaire in green, as follows:
 Insert in (q) and (r) any known bed-days in past year-from (j) or table II; if none are known, leave (q) and (r) blank. Check "none" box in (s) if Col (c) is "no"; if (c) is "yes", leave (s) blank. Leave Cols for limitation of activity and mobility blank. If the interviewer could not have recognized this as a chronic condition, adjust blanks in red.
5. If, by the rules, a condition must be coded as acute, but the interviewer has carried it beyond Col (aa), strike out the entries beyond (aa) in red pencil, but make use of them, if applicable, to edit bed-days in past 2 weeks, or to edit for entries relating to activity or mobility limitation.
6. If, by the rules, a condition could be acute or chronic, but (m) is blank, and (n) (during 3 mos) is checked, AND there are entries in (p) and beyond Col (aa), consult supervisor who will advise whether this condition should be edited and coded to "acute" or to "chronic".
7. Inconsistency between Col (s) (number of Dr. visits in past 12 mos) and Col (c): It is not necessary to check (s) against (c), unless(s) is blank for a chronic condition--see also Step 6, i.
8. Facts in Cols(t) - (w) (Activity and Mobility Limitation): If these are filled in a line which "merges" with another line, or on the line for something that has to be coded as acute, or that has to be deleted altogether, make use of the data, if applicable, to edit the retained lines. See also item 5 above, and Steps 6, j and k.

C. Basic Steps--Con. Step 6--Con.**b. Condition Days in Past 2 Weeks, table I:**

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

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

1. If (k) and (l) both are blank, but there are known or "DK" days of "cut-down" in (i), check age; if under 6, transcribe Col 34 as "under 6 yrs." If the person is over 6, enter "00" in Cols 34,35.
2. If (k) and (l) both are filled, but could apply in one of them, check age; if the person is 6-16, transcribe to Cols 34,35 only the entry in (k); if 17+, transcribe only the entry in (l).

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

Look at Cols (g) and (h):

If (g) is checked, transcribe "00" in Cols 30, 31 and leave Cols 32-35 blank.

If (h) is checked, transcribe "DK" in Cols 30, 31, and "00", "00" in Cols 32, 33 and 34, 35.

If blank in (g) and (h), transcribe "00" in Cols 30, 31, and leave Cols 32-35 blank.

If Cols (g) and (h) are DK, inspect Cols (e) and (f):

If Col (e) is checked, transcribe "00" in Cols 30, 31, and leave Cols 32-35 blank.

If Col (f) is checked--(i.e. there was cut-down) transcribe "DK" in Cols 30, 31, and "00", "00" in Cols 32, 33, and 34, 35. If blank or "DK" in (e) and (f), transcribe "00" in Cols 30, 31, and leave Cols 32-35 blank.

¹With yes in questions 5a and 5b.

C. Basic Steps--Con. Step 6--Con.**b. Condition Days in Past 2 Weeks table I--Con.**

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

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

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

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

C. Basic Steps--Con. Step 6--Con.**d. Person-days of disability in past 2 weeks:**

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

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

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

C. Basic Steps--Con. Step 6--Con.d. Person-days of Disability, Past 2 Weeks--Con.

First, look at Col (1) of the questionnaire for all of a person's conditions, or Cols 30,31 of his Condition Cards. If there are days of "cut-down", add them together if they do not overlap. If they overlap, this will be shown by a footnote on the questionnaire. The procedure will then be to add the days for all conditions reported for the person and then to subtract the number of overlapping days shown in the footnote (s). If the footnote simply says, "overlapping" without giving a number, assume that the days reported were all overlapping, and include in the addition only the days for the condition with the longest disability; or if the "cut-down" days are equal, include the days from one condition only.

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

<u>Example 1:</u>	<u>Col (1)</u>	<u>Example 2:</u>	<u>Col (1)</u>
Arthritis	7 <u>1/</u>	Hypertension	3 <u>1/</u>
Cold	4 <u>1/</u>	Hernia	3 <u>1/</u>
Indigestion	2	Hay fever	4 <u>1/</u>
	10	;	4
<u>1/</u> 3 days overlapping		<u>1/</u> These days overlap	

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

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

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

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

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

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

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

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

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

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

If the day entered in item 16 is any from 1 through 15, transcribe as "3-12 mos".

If the day entered in item 16 is 16-31, transcribe as "12 mos+".

If the "over 3 yrs" box is checked, transcribe as "12 mos+".

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

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

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

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

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

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

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

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

When there are multiple chronic conditions, add the number of bed disability days in Col (q) for all conditions. If none, enter "000".

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

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

If the condition is codable as acute, leave Cols 49, 50 of the card blank. For each chronic condition, fill Cols 49, 50 as follows:

If (s) is "none", fill "00"; if 01-99, transcribe as entered; if more than 99, transcribe as 99.

If (s) is "DK", fill the "DK" oval.

If (s) is blank for a chronic condition, refer to Col (c):

- if (c) is "no", fill 49, 50 as 00;
- if (c) is "yes", fill the "Y" oval;
- if (c) is "DK", fill the "DK" oval.

C. Basic Steps--Con. Step 6--Con.**j. Degree of limitation of activity (Col (t)) - Revised July 1, 1964:**

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

If Col 51 is to be filled, transcribe as follows:

If (t) is blank or has a check mark instead of a code for all conditions, fill the "V" oval.

If (t) is "DK" for all conditions, fill the "DK" oval.

If (t) is 1,2,3, or 4, fill as entered.

If you have filled V, DK, or 4, leave Col 52 blank on all cards.

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

k. Conditions contributing to limitation of activity (Col (u)) - Revised, July 1, 1964:

For each Condition Card with 1, 2, or 3 filled in Col 51, the MCC will fill Col 52 as follows:

Fill the "yes" oval for each chronic condition that has "X" in Col (u).

If one or more of the chronic conditions have "X", and one or more of the acutes also have "X", fill the "yes" oval for the chronic conditions, but the "no" oval for the acutes.

However, if none of the chronics have an "X", but one or more of the acute conditions do have an "X", leave Col 52 blank, since these persons are to be coded as "4" (not limited in activity), as mentioned in item j, above.

If no condition among one or more chronic conditions has an "X" in Col (u), transcribe as follows:

1. If the person has only one codable chronic condition, and the "yes" box is checked in Col (u), edit to "X", and fill the "yes" oval; if the "no" box is checked, fill "no"; if entry is DK or blank, fill "V".
2. If the person has more than one codable chronic condition, and the last one only has "yes", "DK", or is blank, and "X" in Col (u) has not been indicated, fill "V" in Col 52 of every Condition Card for this person.

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

C. Basic Steps--Con. Step 6--Con.1. Degree of limitation of mobility (Col (v)) - Effective July 1, 1964:

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

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

If Col 53 is to be filled, transcribe as follows:

If (v) is blank or has a check mark instead of a code for all conditions, fill the "V" oval.

If (v) is "DK" for all conditions, fill the "DK" oval.

If (v) is 1, 2, 3, 4, or 5, fill as entered.

If you have filled V, DK, or 5, leave Col 54 blank on all cards.

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

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

For each Condition Card with 1, 2, 3, 4, in Col 53, the MCC will fill Col 54 as follows:

Fill the "yes" oval for each chronic condition that has "X" in Col (w).

If one or more of the chronic conditions have "X", and one or more of the acutes also have "X", fill the "yes" oval for the chronic conditions, but the "no" oval for the acutes. However, if none of the chronics have an "X" in Col (w), but one or more of the acutes do have an "X", leave Col 54 blank, since these persons are to be coded as "5" (not limited in mobility) as mentioned in item l, above.

If no condition among one or more chronic conditions has an "X" in Col (w), transcribe as follows:

1. If the person has only one codable chronic condition and the "yes" box is checked in Col (w), edit to "X", and fill the "yes" oval; if the "no" box is checked, fill "no"; if entry is "DK" or blank fill "V".
2. If the person has more than one codable chronic condition, and the last one only has "yes", "DK", or is blank, and "X" in Col (w) has not been indicated, fill "V" in Col 54 of every Condition Card for this person.

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

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

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

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

1. Col (q) is blank, OR
2. The days in (q) are less than the days in (j), OR
3. The interviewer failed to correct (q) on the basis of an entry in table II.

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

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

A. "Chronic",
Defined

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

B. Conditions
Always
Chronic
Regardless
of Date of
Onset

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

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

C. Check List
Conditions,
Chronic, Only
if 3 mos+

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

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

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

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

D. "Acute"
Defined

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

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

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

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

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

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

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

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

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

d. Effective July 1, 1964: Tonsils conditions in 473, if acute, and in 510.0, if chronic:

Any of these in table I with surgery for them in table II, code 510.0-chronic - in table I, regardless of date of onset, and 510.0 in table II.

Any of these in table I only, code in table I by date of onset.

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

A. The Objective

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

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

B. Expressions
Indicating
Doubt

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

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

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

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

- C. "Overcoding"
"Undercoding" There are certain provisions for using one code when 2 or more related sites or diseases are involved, or when 2 or more sites are affected by the same disease. If the code for 2 diseases is the same, or if they are within the same 3-digit category, but have different 4th digits, use only one of these per person. For example, if the person has hay fever and rose fever, code 240 only; or if he has one or more defects in 754, or in 744, code only one of these according to which creates the most disability, or is the more specific. To use separate codes when one is sufficient, is called "overcoding"; to fail to code separately those conditions that do not combine or reduce to one code, is called "undercoding".
- D. "Arrested",
"Inactive",
"Corrected"
Chronic
Conditions
in (d-1) or
(d-2), table I These create coding problems. Effective July 1, 1964, procedures are restated as follows:
- a. "Arrested" or "inactive" tuberculosis, or anything due to it whether or not surgery is involved, always code, to 009*. If some real symptom on Card D is due to "arrested" tuberculosis code 009 only. If some chronic disease, or something codable to the X-Code is due to "arrested" tuberculosis, code this residual and also 009*.
 - b. Rheumatic fever, inactive in the past year is to be coded to 403*, See also Appendix III, 403.
 - c. Infections, not in a or b, above, and reported in (d-2) as the cause of impairments, and which do not have a line of their own: regard these as inactive; code the impairment with the proper 4th digit, but don't code this infection separately.
 - d. For other conditions, said to be "arrested" with surgery involved, see H, of this section. If surgery is not involved and some codable chronic "arrested" condition is mentioned, with no mention of how long it has been arrested, code it, whether or not it caused disability or limitation in the past year. However, if the person says that the condition has been "arrested" or "cured" (etc.) for more than 1 year, and the condition has caused no ill-effects, and no disability or limitation of any kind in the past year, delete the condition in red pencil.
 - e. When surgery is not involved, and the person has some real symptom on Card D due to a codable chronic "arrested" condition, ignore this symptom; however if the person has some chronic disease or impairment due to this codable "arrested" condition, code the residual effect also.
 - f. Examples:
 1. Arrested glaucoma-no disability-no other data; code glaucoma.
 2. Had cancer 3 years ago-no surgery, disability, or ill-effects in past year; delete.
 3. Arrested cancer-no disability-no other data; code cancer.
 4. Nerves due to arrested cancer-no disability-no mention of how long arrested, code nerves and cancer.

E. "Symptoms,"
Card D

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

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

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

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

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

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

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

1. Symptoms due to:

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

2. Multiple symptoms, unknown cause, same line:

Examples are:

Acid stomach (544.0) and indigestion (544.2).

Dizziness (780.6) and upset stomach (544.2).

Nausea (544.2) and diarrhea, -3 mos, age 2 yr+ (571.1).

Fever (788.8) and cough (783.3).

Pain in heart (782.0) and heart beats fast (433.1).

Headache (791) and toothache (534).

Backache -3 mos (787.5) and headache (791).

Bleeding of gums (535) and mouth (538).

Pain in head (791) and eye (388).

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

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

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

3. "Troubles," kinds, and causes; in table I:
 The interviewers try, at col. (d-3), to find out what kind of trouble, disease, or condition is meant when the report is "heart trouble," "nervous condition," "female disease," etc. Codes can be found for these ill-defined statements if the person cannot give a better name; if the term is not in the Short Index, look in Vol. II under "Disease (of)" where codes are given for many nonspecific diseases, such as "disease, blood" 299, "disease, brain" 355, etc.

The "cause" of these ill-defined conditions may also appear on the questionnaire, and it must be considered in selecting the code. The kind of trouble is a more specific disease name--such as myocarditis, rather than "heart trouble," or psychoneurosis rather than "mental trouble," etc. If (d-3) does not produce a specific disease name, and (d-2) adds nothing, prefer the "trouble" in (d-1). See also G, below. Consider the "cause" in (d-2) in coding.

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

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

5. Examples in coding symptoms and troubles in table I:

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

G. Nervous or
Mental
Trouble

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

In the following guides, the term "nerves" will be used, but what is said here will apply also to "nervousness", "nervous trouble", "nervous condition", or other mention of "nerves".

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

G. Nervous or
Mental
Trouble--
Con.

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

1. Nervous or mental conditions in (d-1):

Look at (d-2) and (d-3) for kind and cause. For psychosis of specified etiology, use the rules in Appendix III, for 300-309.

For mental and nervous conditions codable to 310-314, 318, 327, due to physical causes, use the rules in Appendix III, below 327.

Nervous or mental trouble of any kind, or other "trouble," due to overwork, overexertion, exhaustion, personal stresses and ordeals, previous war service--without mention of a specified nature of injury will not be charged to injury or accident.

Code such cases without reference to injury or accident.

2. Physical conditions in (d-1) due to "nerves":

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

3. Multiple mental conditions, same person

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

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

H. "Removal" and Other Operations, table I

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

1. If the person says that surgery was done more than 1 year ago, and the surgery is not in table II as codable, and no present effects are mentioned and there has been no disability or limitation of any kind in the past year due to this post-operative state, line it out in red.
2. If this post-operative condition is not to be deleted:
 - a. Look for the condition that required the surgery. If not known, code 795.5. If known and present in the past 2 weeks, or if chronic and present in the past year, or is one that is incurable, code it. Code any chronic causative condition even if surgery is not in table II and there is no mention of when the surgery was done. However, if surgery is not in table II, and the person says it was done more than 1 year ago, do not code this causative condition if it is one that is correctable by surgery--such as cataract, stomach ulcer, neoplasm, cleft palate.
 - b. Look for the present effect of this surgery. If there are multiple effects, code only one. If the effect is pain or discomfort not codable to the X-Code, ignore it. If the effect is codable as an impairment, code it by the rules for impairments, noting revisions for visual problems. Select "Absence", some other X-Code condition, or some other codable chronic condition--in that order. Use the etiology code for X-Code effects according to the condition that required the surgery.

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

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

Examples:

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

I. Asthma and other Allergies

See also 240-245 in Appendix III. Note that allergic manifestations of any kind, of any part of the body including eyes, ears, heart, etc., are to be coded to allergy only. Migraine or migraine headache, however, goes to 354, whether allergic or "nervous". See other exceptions noted in Appendix III, 240-245.

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

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

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

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

Headache with allergies: Proceed as for fever with allergies, above. For example, code "headaches and nose stopped up" to 240 only.

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

J. Cysts

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

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

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

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

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

K. "Disc"
Conditions

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

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

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

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

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

L. "Pinched Nerve"

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

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

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

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

M. "Gland Conditions"

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

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

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

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

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

- M. "Gland"
Conditions--
Con.
- A "kernel" in the groin or in the armpit, is a lay term which can be coded as equivalent to an enlarged lymph node in those areas--to 782.7.
- "Swelling of gland in breast" should be coded as for hypertrophy of mammary gland--to 621.1 (hypertrophy of breast). This title is used for enlarged breast in males as well as females, and in children as well as adults.
- N. "Growths"
- The term "growth", without description of the type, is coded as for neoplasms, or tumors. But watch for kinds of growths that are further described in (d-3) or elsewhere. Question other descriptions that may suggest a particular kind of growth or cyst that should not be coded to the neoplasms categories. For example, a growth said to be a "closed sweat gland on shoulder" should be regarded as a retention type cyst of sweat gland and should be coded to 714.0, and not to the neoplasm numbers.
- Keep in mind that the 3-column listing under Neoplasm, in Vol. II, is intended for tumors and growths known or assumed to be neoplastic; if a growth is known to be something other than a neoplasm, those numbers will not be correct. If the report indicates a growth of some type not familiar to you, consult the supervisor.
- O. Heart Condi-
tions, Ill-
defined, or
Due to Various
Causes
- "Stitch", "catch", or "spasm" of heart, NEC, NOS, should be coded for HIS to 434.4. Although Vol. II, p. 414, refers "Spasm, heart" to Angina (pectoris), the category 420.2 is too specific for household reports of this nature, which could possibly refer only to a functional disorder of rhythm or rate of heart. A "spasm" of the heart of unknown cause is not necessarily indicative of a coronary condition.

- O. Heart Conditions, Ill-defined, or Due to Various Causes--Con. Enlarged heart (and synonyms) is an important manifestation or symptom of heart disease, but it is classified in 434, and not with symptoms. If it is due to any specified heart disease, the more specific heart condition is coded only. To this extent the enlarged heart is treated like a symptom. But if "enlarged heart" in (d-1) has a cause in (d-2) that is not related to a heart disease, according to ICD, and this cause does not have a line of its own, ignore the cause. For example, "enlarged heart", in (d-1) due to overweight in (d-2): code enlarged heart only, unless "overweight" has a line of its own.
- Other heart conditions and troubles, cause specified: Ordinarily, the cause is not asked for these. If a cause is given, code as for Disease, heart, due to various causes, as in Vol. II and the Short Index. "Heart trouble, NOS," due to "nerves": code 315.2; for "fast heart" and disorders of heart action, due to nerves, use 315.0. Heart trouble, due to allergy or as a symptom of allergy: code allergy only.
- The count of heart conditions, according to ICD, is, somewhat unfortunately, scattered because of etiologic factors. For example, heart conditions in 400-447, are exclusive of those which may be syphilitic, thyrotoxic, psychogenic, congenital, or present since birth, or said to be due to allergy.
- P. "Nonfunctioning" This modifier, and "dysfunction", "malfunction", "doesn't work properly", or "sluggish": code like "trouble" of an organ or part. For example, code "nonfunctioning liver" or "sluggish liver" as for "liver trouble".
- Q. "Sensitive" This modifier, applied to any part of the body, should be coded like "trouble" of that site. For example, code "sensitive stomach" as for "stomach trouble". "Sensitive scar": code as for "scar".
- R. Pregnancy, with Hypertension and other Toxemias Hypertension due to and arising in a current pregnancy is coded with acute conditions. If the woman is no longer pregnant, and she still has hypertension, code as chronic and as for hypertension in the non-pregnant state. However, if she is not pregnant now, and says she had hypertension when she was pregnant, but does not have hypertension now, regard this as a history of a past acute pregnancy complication, and delete. Check on all of these facts before deleting.

-
- R. Pregnancy, with Hypertension and other Toxemias--
Con. True toxemias of pregnancy (in ICD 642) of which hypertension is one, which arise because of the processes of pregnancy, tend to subside within a short time after delivery. If these conditions continue on after delivery, the chances are that the hypertension, etc., is a chronic condition that the woman had before she became pregnant.
- S. Spelling Problems If a condition is spelled incorrectly by the interviewer, but you can clearly see what is meant, there is of course no problem. In cases of very unfamiliar, or phonetic spelling, which suggest nothing to you, consult the supervisor. If no one can figure out what is meant, we have to code "unknown diagnosis".
- T. Typhoid, and other Carrier States These NOS do not constitute illness and, if reported, may be deleted. In no situation are these to be charged to typhoid, or other disease which the person now "carries", but which now causes him no other physical complaint.
- U. When to Use 795.0 or 795.5, Table I Code 795.0 (ill-defined) when a disease process is stated--such as infection, or fibrosis--but the indexing shows no code if the part of the body is not specified. If the disease is unknown, and the part of the body is unknown, or there is not enough information to tell what the condition is, code 795.5.
- V. Terms Not in Short Index or Vol. II Consult the supervisor.

A. "Combining",
 I. General

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

In Table II, combining is possible only when 2 or more parts of a combination are stated as the reason for one admission to the hospital, in Col (h).

Example: heart trouble and hypertension: use the combination code 443. All combining must be done entirely within Table I or entirely within Table II. A diagnosis in Table I never combines with a diagnosis in Table II.

2. Kinds of conditions that combine

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

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

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

A. Combining--Con.3. References,
in Appen-
dix III

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

4. Examples of conditions that may combine:

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

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

B. MERGING

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

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

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

1. See that Col (c) is "yes", if any in the merger is "yes" in (c).
2. If none caused cut-down in past 2 weeks, see that (e) is checked, and go to (m).
3. If one or more had "days" of any kind in past 2 weeks, see that (f)-(l) show the maximum.
4. Date of onset ((m)-(p)): show the earliest date of onset.
5. Bed-days in past 12 months ((q),(r)): show the largest number.
6. Times talked to Doctor in past 12 months (s): show the largest number.
7. Limitation of Activity and Mobility ((t)-(w)): see that the retained line shows as much limitation as the most severely limiting; if any of the merged conditions contributed to the limitation, see that the retained line shows this. See also Step 6, j, k, l, and m.

A. General

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

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

B. Visual Impairments

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

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

Question 14 asks for persons 6 years and older with eye conditions:

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

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

- B. Visual Impairments--
Con. Read the description in table 1 and refer to Question 14 to judge whether an X-Code is applicable, but make no entry in Question 14. If all of Question 14 is blank because the person is under age 6, or for some other reason, but table 1 indicates a visual problem, apply the X-Code according to the data in table 1, as below:
- Blind in both eyes or blind NOS: X00
 - Blind in one eye, poor vision in the other: X01
 - Blind in one eye, other eye good or not mentioned: X02
 - Not blind, but said to have serious trouble seeing: X03
 - Vision impaired, but not as in X00-X03: X05

As formerly, no person will be given more than one code in X00-X05.

1. Date of onset Except for loss of eye, a visual impairment must be present 3 mos+ in order to get an X-Code. Loss of eye is coded to the X-Code regardless of date of onset. Blindness or other visual defect, except through loss of eye, with onset -3 mos, is coded only to the disease or injury causing the visual defect, if known; if cause is unknown code to 388X.
2. X00 Use X00 when a visual problem is codable, and the answer to 14a is "no". If 14a says "no", the X-code must be X00 regardless of the description of the case in table 1. If 14a is yes, the code must never be X00.
3. X03, X01, X05, X02 Use X03 (new category) when the person is not blind in either eye according to table 1, 14a is "yes", "DK", or blank, and 14b is "no" AND 14c is "great deal" or "some", or blank.

If the person is blind in one eye, and 14a, 14b and 14c are filled as in the preceding paragraph, use X01.

Use X02 if the person is blind in one eye, but the other eye is not affected or not mentioned, or is impaired as in X05, below.

Use X05 when table 1 indicates a visual problem, but the person is not blind in either eye, and does not qualify for X00-X03. X05 is applicable when table 1 shows a visual problem, but both 14a and 14b say "yes", "DK", or blank, or in rare cases, when 14b is "no" but 14c is "hardly any" or "none".

B. Visual
Impair-
ments--Con.

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

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

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

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

B. Visual
Impair-
ments--
Con.

5. Selecting
the etiol-
ogy code--
Revised
July 1,
1964
- Only one etiology code can be used. When a visual defect has several causes, select one as follows:
- .9 and any other(s): prefer 9 (injury);
 - .5 and any other(s) except 9: prefer .5 (diabetes);
 - .7 and any except .9 or .5: prefer .7 (330-334);
- If .9, .5, .7, are not applicable: prefer .8 (neoplasms);
- If .9, .5, .7, .8 are not applicable: prefer .6 (arteries NEC);
- If .5-.9 are not involved, prefer any in .1-.4 over .X or .Y.
- If local diseases of eye, only, are mentioned, code:
- cataract and glaucoma to .2
 - cataract with any in .4 to .1
 - glaucoma with any in .4 to .3
 - other multiple local eye diseases to .4
6. Eye
diseases
in (d-1)
- Review carefully ICD categories 370-389 in Vol. I, and categories 380-389, 753, 777, 781.0-781.2, 781.4 in Appendix III of this Manual, comparing the ICD provisions for coding eye and visual conditions with the HIS method and becoming familiar with the various eye diseases and their synonyms.
- General rules for coding eye diseases in (d-1) and whether to code the disease and the X-Code, or the disease only, are restated as of July 1, 1964:
- a. Chronic eye diseases in (d-1) with additional mention of impaired vision in table I and/or a visual problem in question 14 will receive 2 codes: one for the eye disease and one for the X-Code.
- Exception: "Weak eyes", "bad eyes", "eye trouble" with no better disease description - but with impaired vision: code X-Code only; if vision is not impaired, code 388 only.

B. Visual
Impair-
ments--
Con.

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

- b. Chronic eye diseases in (d-1) of the following types, only, even without additional mention of impaired vision, or even with blank, DK, or "yes" in both 14a and 14b, will be coded to the eye condition and also to X05:
1. Cataract, glaucoma, retinal conditions-present now or in the past year
 2. "Night blindness" or "day blindness" (and synonyms)-and other such variations according to amount of light. If a condition of this kind is due to some general disease such as Vitamin A deficiency, code the eye disease, the general disease, and X05.
- c. Conditions such as: "color blindness" (388); "near-sighted", "farsighted" and others in 380 (refractive errors); "cross-eye", "lazy eye", "double vision" and others in 384 (strabismus); and any in (d-1) except as in b, above, will be coded only to the eye disease, unless there is additional mention of impaired vision in table I and/or question 14 shows "no" in 14a, or no in 14b with "great deal" or "some" checked.

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

B. Visual Impairments--
Con.

7. Examples, chronic visual impairments and eye conditions, with codes

Table 1	Question		
	14a	14b	14c
1. Lazy eye 384X	yes	yes	blank
385X 387X X00.2			
2. Cataract and glaucoma	No	blank	blank
3. Trouble seeing, both eyes due to hay fever 240X	yes	yes	blank
388X X05.4			
4. Night blindness	yes	yes	blank
5. High myopia 380X X00.4	No	blank	blank
X03.Y			
6. Eye trouble due to old age	yes	No	some
388X			
7. Weak eyes, cause unknown	yes	yes	blank
384X 334X			
8. Double vision due to stroke	yes	yes	blank
X03.4 384X			
9. Double vision, cause unknown	yes	No	blank
379X			
10. Eyes water due to smog	blank	blank	blank
388X			
11. Blurred eyes, cause unknown	yes	No	hardly any
260X X03.5			
12. Partially blind, both eyes, due to diabetic retinopathy and old age	yes	No	great deal
385X X01.1			
13. Blind in one eye, cataract in other	yes	No	great deal
14. Bad vision since birth; injured eye one year ago and now blind in one eye X00.9	No	blank	blank
386.9 X05.9			
15. Detached retina due to injury	yes	yes	blank
385X X03.1			
16. Cataract removed, past year	yes	No	some
X00.4			
17. Blind in one eye, only 10 percent vision in other due to choked disc 30 years ago	No	blank	blank
X03.X			
18. Partially sighted one eye--other eye ok - since birth	yes	No	some
X02.9			
19. Blind in one eye due to injury	yes	No	hardly any

- C. Hearing Impairments Review notes in Appendix III, for Diseases of Ear and Mastoid Process (390-398) and ICD categories 390-398 in Vol. I, - comparing the ICD method of coding hearing impairments and ear diseases with the HIS method. Review also categories X06-X09 in Appendix I.
1. Degrees of hearing impairment The regular household questionnaire form has no special additional questions about hearing, as was true in previous years. The medical coder judges, as well as she can, the several degrees of severity-guided by the limits suggested in X06-X09, and the interviewer's statement of the case in table I and in footnotes.
- Use X06 only for cases of deafmutism ("deaf and dumb") and cases in which the person is said to be "totally" or "completely" deaf in both ears, or is said to have no hearing at all in either ear.
- Use X07 for cases except as in X06: described as "severe" or "serious"; OR when it is known that the person has to wear a hearing aid; OR when there is evidence that the person can hear but with great difficulty.
- Use X09 for cases that do not qualify for X06 or X07.
- If the person is described as totally deaf in both ears and also completely unable to talk, code X06 only. However, if a deaf person can speak but stutters or has some speech impediment, code the deafness according to the information about severity, and code the speech defect also. If a person cannot speak, but has no hearing impairment, code the speech defect only.
- A person is never given more than one code in X06-X09.
2. Date of onset X06 is to be coded chronic, regardless of date of onset. Cases for X07 and X09 are coded as chronic only if 3 mos+; if -3 mos, and cause is known code cause only, and if cause is unknown, use 396.1 only.
3. With cause stated If X06-X09 are applicable, always add the appropriate 1-digit etiologic code from the list of etiology codes applicable to all non-visual impairments (X06-X99).
- a. For hearing defects, in X06-X09, due to continued exposure to loud noise, use the etiologic code "Y" (other), since, for the HIS, this situation is not regarded as an accidental injury. However, for hearing impairments due to sudden, or "one-time," injury or exposure, add the etiologic code "9" (injury or accident). If X06-X09 are due to multiple causes, see item M, below.

C. Hearing
Impairments--
Con.

- b. Defects of hearing present since birth or congenital are coded with "X" in the 4th digit. Hereditary defects are coded with "Y" in 4th digit as are hearing impairments due to "age", or "old age".
- c. Any defect codable to X06, X07, is always coded, but if the defect is X09, and is due to allergy, code allergy only, and not X09. Allergy causing hearing impairments of the types in X09: code allergy only.
- d. X09 types, due to "wax in ears": code 396.1 only.
- e. X06-X09 due to scarred or perforated or "broken" ear drum(s): code X06-X09 only, with "Y" in 4th digit; but if old injury or past infection caused the scarring, use, instead, the 4th digit for that cause.
- f. X06-X09 due to or consisting of tinnitus ("ringing in ears" and synonyms): code X06-X09 only, with the correct 4th digit.
- g. For defects in X06-X09 due to otosclerosis or other present, chronic, continuing, progressive diseases--other than causes mentioned above--follow the general rule, and code the defect with the correct 4th digit, and code the continuing chronic causative condition also. If not sure whether to code the cause separately, consult the supervisor.

D. Speech
Impairments

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

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

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

E. Impairments,
Special Sense,
NEC

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

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

1. If due to stroke or others in 330-334, code X12, X13 with .7 in the 4th digit, and code 330-334 also.
2. If due to any other present active chronic disease, code the latter only. If due to some now inactive disease or old injury, code the sensation disturbance only.
3. Effective July 1, 1964, see also L of this Section for rules to use if the same person has something in X12, X13, and also has other impairment(s). If the sensation disorder is of sites not affecting limbs, trunk, back, and the person has other impairments, and it is possible to ignore any, do not code the sensation disorder separately if it has caused no disability of any kind in the past year.

F. Special Learning Disability, and Mental Deficiency

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

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

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

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

G. Absence of Extremities, and Certain Other Sites

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

X39 has been changed to read: "Absence, rib or other bone, joints, muscles, without loss of extremity".

X39 includes absence of rib, vertebrae, pelvic or other bones, joints, muscles of trunk. However, if any of these are missing because of surgery to remove lung or kidney, code absence of lung, or of kidney, only.

X39 includes absence of particular bones, joints, muscles of extremities when the extremity, itself, is still attached to the body. If the extremity itself is absent, code only as for absence, extremity.

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

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

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

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

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

H. Paralysis,
Complete or
Partial

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

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

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

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

H. Paralysis,
Complete or
Partial--
Con.

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

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

AND:

- c. Prefer X44, X46, X47, X48 over others in X40-X49, and as a rule:
 - X48 over all others, and
 - X44, X46 over X47.
- d. If there are combinations of upper and lower, on opposite sides, prefer lower. If there are combinations of extremities and "chest", or trunk muscles, or shoulder(s), code to extremities only if codable to X40-X50. If X40-X50 are not present, code any in X51-X59 with any in X60-X69 to X51-X59 only. If X51-X59 is to be coded, select the code that expresses the most extensive or serious involvement.
- e. If 1 arm, and 1 leg are affected, and the report does not say whether on same side of body, assume that they are and code as for hemiplegia. If one of these members is partially paralyzed and the other is completely paralyzed, code to X47.
- f. If X40-X59 are not present, and there are multiple sites in X60-X69, prefer X60, X61, X69 in that order.

H. Paralysis,
Complete or
Partial--
Con.

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

Examples:

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

Partial paralysis, 3 mos+, due to old polio, in both shoulders and upper back - with total paralysis in all of left arm: Code X40.2

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

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

3. Problem Terminology

Effective July 1, 1961, the following terms are amended or clarified:

- a. "Spastic (nerves) (muscles)", since birth,: Code as for cerebral palsy.
- b. "Spastic (nerves) (muscles)", 3 mos+, not since birth, of unspecified site, or involving limbs, trunk, back, code as for Palsy.
- c. Spasms (muscles) (nerves), "twitching" tremor, trembling and the like, involving limbs, trunk, back: code as for "Trouble" of those sites; any of these, 3 mos+, due to stroke or other specified diseases and injuries of brain or spinal cord are to be coded as for Palsy. See also 780.4 revised, in Appendix III.
- d. Palsy, or paralysis, described as "shaking", "trembling", "nervous", particularly in older persons, can be assumed to be Parkinson's (paralysis agitans), and coded to ICD 350, only. When 350 is used, no X-code for palsy is required.
- e. Ataxia NOS, or poor coordination (muscular), -3 mos: code 780.5. If 3 mos+, code as for Paralysis, partial, or palsy. In cases of Friedreich's ataxia, no X-code for ataxia is required.

H. Paralysis,
Complete or
Partial--
Con.

3. Problem Terminology--
Con.
- f. "Equilibrium," or "balance," (sense of) difficulties: If -3 mos, code to 781.7, as per ICD; if 3 mos+, code to X13. See also item E of this section.
 - g. "Staggering", "stumbling": code as for "Trouble, walking".
 - h. "Foot drop" or "wrist drop," or "hangs limp": code as for paralysis, of these sites.
 - i. Paralysis, "waist down", or affecting "lower body": code as for Paraplegia.
 - j. "No use" or "can't bend", "can't straighten", "can't sit up"- in reference to limbs or back: code as for "Trouble" of these sites. If 3 mos+, and due to strokes or other diseases and injuries of brain or spinal cord, code as for Paralysis, by site. However if "partial" is mentioned, or the person can move the part to some extent, code Paralysis, partial.
 - k. "Dead nerve" NOS, 3 mos+, in (d-1), due to polio or some other cause, could imply numbness or paralysis; if not qualified further, code to X99 by etiology.

I. Non-Paralytic
Orthopedic
Impairment,
NEC

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

- a. Conditions of this kind, -3 mos, in 787,--and 3 mos+ in X70-X79,--are to include "spasms (muscular) (nervous)" of limbs, back, trunk, and are to be coded as for "Trouble" of these sites.
- b. Conditions 3 mos+ codable to X70-X79, but due to stroke, polio, or other diseases of brain or spinal cord:
Any of these with indication that the person is bed-ridden, chairfast, or unable to move the part at all: code to Paralysis, by site. Without this information, code "pain" with no other orthopedic disability, to X70-X79; code "weakness" or others in X70-X79, except "pain," to Paralysis, partial.

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

- c. Any condition codable to X70.7-X79.7 only, must also have one of the codes 330-334; if due to stroke NOS, code 334.
- d. For X70-X79, with other impairments, see item L, following.
- e. For X70-X79, with multiple causes, see item M, below.

J. Deformity,
Limbs, Back,
Trunk

See also X80-X89 in Appendix I.

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

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

K. Impairment,
NEC

See also Appendix I, categories X90-X99, for revisions effective July 1, 1961.

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

L. Multiple Impairments, Same Person

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

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

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

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

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

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

- Examples:—
- a. Back trouble due to injury and spina bifida: code X70.9; X81X.
 - b. Curvature of spine, flatfoot, clubfoot—all due to cerebral palsy, from birth, and bad hip due to injury: code X50X; X83X; X75.9.
 - c. Congenitally deformed hip and leg, and back trouble—cause DK: code X85.X only.

- M. Multiple Etiologies, Per Impairment The following applies when an impairment is to be coded and is codable to the X-Code, and it has 2 or more separate causes.
- a. due to 2 or more accidents or injuries, 3 mos+:
When the same class of impairment 3 mos+ has been extended or aggravated in successive accidents, code the impairment according to its present status, and according to the latest Table A, if there are two. This applies to visual as well as nonvisual impairments, 3 mos+. For example, if a person is blind in one eye from an accident, and blind in the other in a later accident, or has back trouble from one accident and foot trouble from another, combine the visual defect in one code, with .9, and combine the sites of the orthopedic impairment in one code, with .9.
- b. due to accident(s) 3 mos+ and disease(s) 3 mos+:
When accidents and diseases contribute to or aggravate the same class of impairment, the general rule will be to prefer the accident(s) for the 4th digit code of the impairment. Code the class of impairment according to its present status.
- When accidents and disease, both, are involved in impairments due to strokes and other vascular lesions of the central nervous system, 3 mos+, code 330.9-334.9 separately, and code the impairment with .9 in the 4th digit. For example, if a hemiplegic, 3 mos+, due to cerebral hypertension, later fell and broke his hip, and now both legs are useless, the diagnostic codes will be X48.9 and 334.9.
- In cases of old infections and old injuries which both contribute to the same class of impairment, choose 9 for the etiology of the impairment.
- c. Multiple causes, injury not involved:
As a general rule, if injury is not a factor, select the etiology code for the cause that started the chain of events. However, if "stroke" is one of multiple factors, prefer .7 in the 4th digit and code 334 X also.
- d. For special rules applicable to multiple causes of visual impairments, see Section VI, B,5.

N. When to
Code the Cause
Separately

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

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

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

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

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

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

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

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

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

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

e. Examples of impairments, due to certain causes:

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

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

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

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

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

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

O. When Not to
Code to X-Code

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

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

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

O. When Not to
Code to X-Code--
 Con.

3. X70-X79 (orthopedic impairments) due to arthritis or other active chronic diseases: code the latter only. However, as already noted, if due to strokes or others in 330-334, code X-Code and also 330-334.
 4. X12-X13 (sensation disturbances, NEC) due to arteriosclerosis or other active chronic disease: code the latter only. If due to "strokes" etc., proceed as in 3, above.
 5. X50-X69 due to Parkinson's disease or Friedreich's ataxia: code the latter only.
- b. Any of the following defects -3 mos, are to be coded to the cause only, if known. If these are -3 mos, and cause is unknown, assign the following codes which are ICD codes modified for HIS, as shown in the Short Index and Appendix III:
- Defective sight 388
 - Defective hearing 396.1
 - Defective speech or voice 781.5 or 781.6, or 783.5
 - Loss of sense of taste or smell 367
 - Loss of voice 783.5
 - Disturbance, sensation, NEC 781.7
 - Paralysis, face 360
 - Paralysis, 1 limb only 787.0
 - Paralysis, 2 or more members (arm and leg)
 (both legs) (etc.) 334
 - ORTH IMP NEC 787.1-787.7
 - Overweight or Underweight 788.4

A. Injuries and
Their Effects,
General

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

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

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

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

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

B. Recording
Additional
Facts About
Injuries and
Accidents

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

1. Table A-
Needed
or Not
Needed?

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

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

MCC: Fill Col 56, and leave Cols 57-60 blank.

If the injury was due to some misadventure in preventive or therapeutic medical or surgical procedures, fill the "1" oval. If it could have been incurred in any other kind of circumstance, fill the "2" oval.

If the data for Col 56 is applicable, for any injury condition, then Cols 57-60 must be left blank because none of the necessary facts have been obtained by the interviewer.

Also write, in red, in the left margin of the first unused table A, the "1" or "2" described above, as applicable, and insert in the small box the correct line number of the condition in table I. If all table A's have been used, write, in red, this "1" or "2" and the line number, in the footnote space of page 8.

The MCQ will check this entry, and in case the MCC has failed to enter this, the MCQ will enter it on the questionnaire.

If there is a table A, and it is needed, the MCQ makes no notation; the MCC will leave Col 56 blank, and will fill Cols 57-60 of every Condition Card for each injury condition that is to be coded, as follows:

2. Motor
Vehicle
Involved?

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

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

3. Moving
Motor
Vehicle
Involved?

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

4. Where
Did
Accident
Happen?

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

Definitions for types of place are as follows:

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

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

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

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

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

Definitions for types of place--Con.

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

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

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

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

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

5. Were
You
At Job
or
Business?

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

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

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

MCQ: Use a 5th digit, either "X" or "O", after a dash, after the 4-digit nature of injury code, for each injury code:

6. "First" Injury?

X = first, or only, condition in this accident
O = other condition(s) of multiples, in this accident

When there is more than one injury condition for a single accident, apply the "X" to the one that has the largest number of days of restricted activity in past 2 weeks, (Col (i)), and the "O" to the other(s). When all of multiples have no days, or equal days, in Col (i), apply the "X" to the first condition and "O" to the other(s). The number of "X's", in the 5th digit, should be the same as the number of separate accidents; and the conditions with "X" in the 5th digit should be the ones which also show the most days of restricted activity in the past 2 weeks for any one accident.

MCC: Record the above information in Col 21 of the Condition Card, filling the "yes" oval as comparable to "X", and the "no" oval as comparable to "O". If several cards are required for one accident, "yes" will be entered in Col 21 on the "first" and "no" will be entered in Col 21 on each of the others.

7. Required Hospitalization?

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

MCQ: Use a 6th digit, either "X" or "O", after the 5th, as follows:

X = yes, hospitalization in table II, for this accident

O = no, no hospitalization in table II for any part of this accident

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

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

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

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

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

- E. Other Injuries,
-3 mos Look for the original nature of injury or poisoning. Keep in mind that damage done, except by poisoning, must have been sustained in a one-time occurrence, possibly involving several hours but no more than 24.
- All injuries -3 mos, except as in C and D, must have 8 or 9 in the first digit, and a 4th digit other than 9. For "disc" conditions and hernia, due to injury -3 mos, see 839 and 848, Appendix III. If other disease names, such as arthritis, bursitis, etc., -3 mos and due to injury (as now defined) are reported, code to the specified original nature of injury; if the nature of injury is not specified, use 996, by site.
- Determine whether the injury is -3 mos from Table I. If Table A shows that the accident happened 3 mos+, but Table I says -3 mos, code the injury condition, whatever it is, according to the rules above for injuries -3 mos. All injury conditions codable to 800-999, -3 mos, must have 2 (acute) in Col (aa).
- If injury conditions, -3 mos, are due to continued exposure, and, therefore, cannot be coded as injuries, use some code in 001-799, and code as if non-traumatic, according to the condition specified. If a specific disease or symptom name is reported, code that. Ill-defined "troubles" due to continued exposure, but -3 mos, must be coded to the number used when non-traumatic. Sprains and strains, -3 mos, involving back, limbs, trunk, but due to heavy lifting or other stresses for longer than a day can be coded to 787.1 -787.7, by site, as for "trouble" of these sites, -3 mos. Other injury names, -3 mos, which cannot be coded to 800-999 because due to continued exposure, can be coded to the ill-defined non-traumatic "trouble" code for the site.
- F. Injuries, 3 mos+,
Present Effect
Known Code the present trouble with 9 in the 4th digit; do not code the original injury separately. If the present effect is due to continued exposure, code it as if non-traumatic.
- G. Sprains, Strains,
3 mos+ Code the present effect, if mentioned, and due to injury, with 9 in the 4th digit. See also Appendix III, 840-848. "Heavy lifting" is no longer codable to injury if continued. The terms "strained", "dislocated", "displaced", 3 mos+, no effect specified, and involving the limbs, back, trunk, can be coded as for ill-defined "trouble" of those sites, in X70-X79, with the appropriate 4th digit.

- H. Dislocations,
3 mos+ Code in the same manner as for sprains, 3 mos+, in G, above. See also Appendix III, 830-839. If the original accident was a "one-time" event, but the joint trouble following it occurs off and on or continuously, this is to be coded to injury; however if the joint condition has arisen because of continued stresses over a period of time, this is not an injury. For example, a "slipping knee" due to one football accident, 3 mos+, is X76.9; but a "dislocated knee" due to heavy work over a period of time is X76.Y.
- I. Other Injuries,
3 mos+, No Effect
Specified If not as in G, H, above, injury descriptions, 3 mos+, in (d-1) in terms only of the injury name--such as "fractured", "cut", "punctured"--are to be coded to the injury type in 800-999 with 9 in 4th digit, and are regarded as "old" injuries, whether or not there has been delayed healing.
- J. Multiple
Injuries
and Multiple
Accidents
- a. More than one injury or more than one effect of injury may follow from the same accident. Code each of multiple conditions in the same accident of the same person unless a coding rule or the indexing permits the use of a single code for multiple sites or conditions.¹ See item B, 6 and 7, of this Section for application of the 2 additional digits.
 - b. If more than one member of a household is hurt in the same accident, count as separate accidents, rather than multiple effects of one accident.
 - c. Multiple accidents, same person: A person may have multiple recent and/or multiple old accidents. All separate accidents, with injuries codable to 800-999, must be recorded whether the codes in 800-999 are same or not. When the effects of multiple accidents are codable to the X-Code, or some other code, with 9 in the 4th digit, code each accident unless a later accident produces the same effect as an earlier one, or extends the sites of the same type of impairment or chronic disease that started in an earlier one. To avoid over-coding chronic conditions, in these situations, code only the latest state of the chronic condition, using the circumstances (how and where) of the latest table A.

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

- J. Multiple Injuries and Multiple Accidents--Con. Examples, 4 digit codes:
1. Cut hand last week and cut other hand 3 weeks ago: Code 883X and 883X.
 2. Lost one eye 10 years ago and lost other eye 2 months ago: Code X00.9.
 3. Sprained arm, last week and strained back 5 years ago: Code 840X and X70.9.
 4. Sprained arm, 1957 and strained back, 1955: Code X78.9, combining these sites in X70-X79.
 5. Nervousness due to 2 accidents, 3 mos+: Code 327.9.
- K. Birth or Delivery Injury Birth injuries to infants are counted with diseases--not with injuries in 800-999. See Appendix III, 760-761. Delivery injuries to the mother, at time of delivery, are coded to delivery by type of injury.

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

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

¹One-time occurrence.

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

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

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

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

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

- A. Infants All babies born in the hospital on or after the date stamped in question 13 should be recorded in table II. However, well newborn infants, or infants born dead, are not given a diagnostic code, and their stays are deleted by the Medical Coder from table II. However, any infant who is treated for prematurity or any disease or abnormality must be given a diagnostic code, in table I or II, and such stays are not deleted. Circumcision of newborn infants done routinely before the infant leaves the hospital is not counted as an operation, and is not coded.
- B. Pregnancy "Pregnancy" refers to the period of gestation before delivery or abortion. Use the numbers 640-649, only, for complications arising in pregnancy or complicating a current pregnancy, while the woman is pregnant, and before delivery or abortion occurred. If during one episode of illness for a complication of pregnancy a delivery or abortion occurred, code only the delivery or abortion.
- C. Abortions Abortion (miscarriage), coded to 650-652, refers to the premature expulsion from the uterus of a nonviable fetus (not able to live) at less than 7 months gestation. If reported in table II, code the diagnosis code in Col (h), and in Col (i) code whether or not an operation was done for it (1-digit code X, 0, 1, 2), and if an operation was done, code the 2-digit code for the type of operation reported - for example "D and C", code 78. If a "Cesarean" operation should be reported, code 93.

- D. Deliveries Delivery, normal or complicated (categories 660, 661, 670-678) refers to cases of 7 months or more gestation with the infant born alive or dead. If in table II, code the diagnoses in Col (h), and in Col (i) always code "X" (there was an operation) whether or not the person says there was an operation, and code also one of the 2 operation codes that apply to delivery - either 93 or 95:
- 93 Cesarean (birth, section, operation) with any other procedure for delivery
 - 95 Any other operations or procedures for delivery except Cesarean
- Thus, 95 will be used for any and all hospital procedures for delivery, provided Cesarean is not mentioned, and will also be used even though the person says there was no operation. 93 will be used with diagnosis 661, or any other for which a Cesarean operation was performed. 95 will be used for diagnoses coded to 660, or cases in 670-678 when a Cesarean is not mentioned. If some other operation is performed on the mother after the baby is born, and while the mother is still in the hospital - such as "tubes tied" (79), or "D and C" (78), code it in addition to the 95 or 93.
- E. Complications Following Delivery The "puerperium" refers to the 2-month period (approximately) following a delivery or abortion. For HIS, the numbers 680-689 are for complications arising after the fetus or infant has been expelled, and after the woman has been discharged for the delivery or abortion.
- F. Coding Col (aa), Table 1 Any condition in table I coded to the numbers 640-689 must have "2" in Col (aa); the MCC will enter "2" in Col 42 of the Condition Card. Conditions complicating a current pregnancy are coded as acute even though they may have started in the earlier months of this pregnancy. Conditions due to previous pregnancies are not coded to the numbers 640-689, but to the numbers for the conditions indicated. For example, varicose veins "due to pregnancy", in a woman who is not pregnant now nor in the puerperal stage (2 months after delivery), is coded to 460X, and as chronic. See also Section IV, R, for hypertension and other toxemias of pregnancy.
- If a complication of pregnancy, in table I, is reported for a woman who is now pregnant, and Col (m) is checked, as first noticed before 3 months, nevertheless edit in red pencil to Col (n) and check the "before 2 weeks" box in Col (o). The MCC will fill Col 41 of the card according to the edited data. Lines of table I, having to do with any part of the childbearing experience must be edited with respect to days of disability, and for entries beyond Col (aa), as instructed in Section II.

A. Table II,
General

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

B. Coding the
Diagnosis

Only one diagnosis per admission is to be coded. For selection of one code when more than one condition is in one line, see item D below.

The person may have had more than one admission for the same or a related condition or for something different. Each admission should be coded according to the diagnostic statement for that stay.

The condition may be in table I, also. Compare the wording of the condition in both tables, but the codes need not agree unless it is evident that the same site, type, and stage is meant in both tables.

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

1. The "dates" of a codable admission must be those outlined in Section II, Step 5,a, of this Manual.
2. Any codable stay must have been for overnight or longer.
3. A codable stay includes normal, or complicated, delivery for the mother; as mentioned earlier, stays for well babies are not coded.
4. A stay for a well person accompanying sick relatives is not coded. However, if a well person stays overnight for the purpose of donating blood, skin, bone or other tissue, code this as an admission, but use 795.5 in Col (h).
5. A stay overnight for observation, X-rays, check-up, routine or not, with no condition mentioned on admission nor found during the stay is to be coded as an admission, but use 795.5 in Col (h).
6. A stay overnight for observation or testing of any kind for a specified condition-but with mention that this condition was not found, and nothing else was found, either, code to 793.0-793.2 (Observation without need for further medical care).

B. Coding the
Diagnosis--
Con.

7. If the observation or check-up, is for a specified condition, and the person is found to have this condition or some other condition during the stay, code whatever the final diagnosis is. Also, if the observation or check-up is for a specified condition, code the condition even if there is no mention of what was actually found during the stay.
8. A stay for a person 65 or over, whose stay is for care only because of his age, code 794; if age is not mentioned and no illness condition is mentioned, code 795.5.

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

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

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

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

C. Coding
Operations

1. What to
include

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

- a. If the diagnosis is fracture of any bone except rib, use the code for procedures for fracture unless a later admission or a footnote or the kind of report specifies that no procedure for fracture was performed during that admission. No operation will be coded for fracture of rib unless the report shows that an operation was done for the fractured rib.
- b. Effective July 1, 1961, if the diagnosis is dislocation of any joint or bone except rib, use the code for dislocation procedures, by site, unless it is known that no operation was done, as in the case of fractures, in a.
- c. If there is mention of "cystoscopy" or some other term ending in "scopy," and the person says "no operation," code as "yes", with the operation code number.
- d. Transfusions will not be coded as operations for HIS; code "no" if reported as an operation.
- e. Pumping out, washing out (lavage) of stomach or bowels is not to be coded as an operation.
- f. For HIS purposes, terms ending in "-gram" or "-graph" will not be coded as operations unless the examination is known to be of the brain or spinal cord (with the injection of materials for facilitating X-ray photography); or is called "angiogram", or "arteriogram".
- g. Other kinds of procedures: code as reported. If in doubt whether a procedure should be counted as an operation, consult the technical supervisor.

C. Coding
Operations,
Con.

2. Using the
Index of
Operations

The coder in training must become familiar with the content and structure of the 2-digit Classification of Operations in Appendix II, and the arrangement of the indexing of operations in the Short Index.

The code "XX" is used when an operation was performed but there is no information about the site or type of the operation. Categories 93, 95 (delivery) were discussed in Section VIII.

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

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

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

D. Multiple
Diagnoses;
Multiple
Operations

1. Multiple
diagnoses

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

- a. Make use of possible combination codes for conditions or sites.
- b. If the conditions or sites do not combine, consider for coding the one that seems to add most to the length of stay, or appears to be the most serious.
- c. In cases in which all of multiples seem to be of equal weight, and there is no other reason for choosing one over the other(s), code the first one mentioned. Consult the technical supervisor in problem cases.

2. Multiple
operations

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

D. Multiple
Diagnoses;
Multiple
Operations
Con.

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

E. Applying
1-digit code,

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

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

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

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

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

F. Examples, coding diagnoses and operations, Table II

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

APPENDIX I

X-CODE FOR SPECIAL IMPAIRMENTS (X00-X99)

By Type, Site, and Etiology

Revised July 1, 1964

APPENDIX I. SPECIAL IMPAIRMENTS

A. DEVELOPMENT OF
THE X-CODE

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

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

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

B. CHARACTERISTICS
OF SPECIAL
IMPAIRMENTS

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

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

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

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

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

X00-X05 Impairment of Vision

X06-X09 Impairment of Hearing

X10-X19 Impairment of Speech, Intelligence,
Special Sense except as in X00-X09

X20-X39 Absence, Loss, Extremities, and
Certain Other Sites

X40-X69 Paralysis, Complete or Partial, All
Sites except as in X00-X19

X70-X79 Non-Paralytic Orthopedic Impairment
(chronic) NEC

X80-X89 Specified Deformity of Limbs, Trunk,
Back

X90-X99 Defect, Abnormality, Special Impair-
ment NEC

C. Impairments,
by ICD Codes,
and by X-Codes

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

1. List 1

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

2. List 2

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

D. "Late Effects"
Codes of ICD

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

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

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

E. "Late Effects"
Not Included
In X-Code

If some specified residual--such as personality disorder--is due to a disease on the list, but is not in the X-Code, it must be coded by ICD codes other than ICD late-effects codes, unless 083.0-083.2 can be used. For example, personality disorder (not in the X-Code), due to encephalitis, may be coded to 083.1; but if due to polio, code to 320.7, and not to 081. Past etiology is sacrificed to a present condition, if both cannot be expressed in one code.

Any specified late effect of injury or poisoning, whether in the X-Code or not, is expressed by using "9" as the 4th digit.

F. Ill-defined
Late Effects

When the past etiology is known, but the present effect is not stated, and the etiology is one of the diseases in the ICD late effects codes, proceed as follows to avoid using any of the ICD "late effects" codes:

"Effects of stroke": code 334X

All other ill-defined effects of diseases, such as "post-polio", "old birth injury", "post-encephalitic": code to X99 with the appropriate 1-digit etiology code.

Ill-defined "late effects" of some disease not on the list must be coded as unknown (795.5); for example, "aftereffects" of measles with no statement of what the condition is, must be coded to 795.5, since the disease is no longer present, and the effects are not specified.

For full detail of how to code late effects of injury, see Section VII of the Medical Coding Manual of HIS.

G. LISTS OF 1-DIGIT ETIOLOGY CODES1. FOR IMPAIRMENT OF VISION, ONLY (X00-X05)-REVISED JULY 1, 1964

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

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

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

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

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

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

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

X06-X09 IMPAIRMENT OF HEARING

- X06 Deafness, total, both ears including deafmutism
Includes persons, with or without speech, who are completely deaf and cannot be benefited by a hearing aid
- X07 Impaired hearing, severe
Includes persons who have some hearing but cannot hear ordinary conversation (except with hearing aid)
- X09 Impaired hearing except as in X06, X07
Includes: deafness NOS; hard of hearing NOS; "trouble with hearing" NOS; impaired hearing, one or both ears, not classifiable to X06, X07

X10-X19 IMPAIRMENT OF SPEECH, INTELLIGENCE, SPECIAL SENSEX10, X11 IMPAIRMENT OF SPEECH

X10 Stammering, stuttering

X11 Other speech defect

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

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

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

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

X13 Loss or disturbance of sensation NEC

X14-X19 SPECIAL LEARNING DISABILITY AND MENTAL DEFICIENCYX14 Special learning disability (reading) (mathematics)
("mirror" writing or reading) ("mixed dominance")
-affecting school progress

X15 Mental deficiency, mongolism

X16 Mental deficiency, severe except in mongolism

X17 Mental deficiency, moderate

X18 Mental deficiency, mild

X19 Mental deficiency, degree not specified

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

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

Upper Extremity:

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

Lower Extremity:

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

Upper and Lower Extremities:

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

CERTAIN OTHER SITES:

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

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

Excludes paralysis agitans, or synonyms, in ICD 350.

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

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

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

X50-X59 Cerebral Palsy; Paralysis, Partial, of Extremities and Trunk

Includes: Paresis, palsy, paralytic "weakness," or "tremor".

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

X60-X69 Paralysis, Complete or Partial, Sites Except Extremities or Trunk

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

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

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

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

Excludes all "disc" conditions (ICD 735).

NOTE: Orthopedic impairment NEC, as in X70-X79, is not to be coded as a separate diagnosis if due to specified active chronic disease; code chronic disease only.

Effective July 1, 1959, when multiple sites in X70-X79 are involved, and one is the hip, code X75 only.

See also Medical Coding Manual, Section VI, I.

Orthopedic Impairment NEC (Chronic) Involving:

- X70 Back NOS, spine NOS, vertebra NOS (low) (lumbosacral) (sacro-iliac) (entire)
- X71 Cervical or thoracic region of back, spine, vertebrae
- X72 Coccygeal region of back, spine, vertebrae (last bone of spine)
- X73 Shoulder, upper arm, forearm above wrist; arm NOS
- X74 Wrist, hand, finger, thumb, -- sites in X73 not involved
- X75 Hip and/or pelvis, alone, or with any other site in X70-X79
Excludes congenital dislocation of hip (X85.X)
- X76 Knee, leg NOS, - hip not involved
- X77 Ankle, foot, toe, - sites in X76 not involved
Excludes impairments involving arches of foot, feet (X82)
- X78 Multiple sites NEC (back and legs) (fingers and toes)
(legs and arms) (arms and back)
- X79 Other and ill-defined sites
Includes: rib; trunk, NOS; "side," NOS; limping, staggering, stumbling, trouble in walking, NOS.
Excludes: jaw (X92); and ataxic gait, which if 3 mos+, is coded as for Paralysis, partial.

X80-X89 SPECIFIED DEFORMITY OF LIMBS, TRUNK, BACK

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

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

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

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

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

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

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

X83 Clubfoot

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

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

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

X86 Deformity, neck or shoulder region

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

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

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

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

X89 Deformity, trunk bones, NEC

Note: See category X80, as revised for July 1, 1961.

Includes: pigeon breast; cervical rib; postural defect NEC

X90-X99 DEFECT, ABNORMALITY, SPECIAL IMPAIRMENT, NEC

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

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

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

X93 Deformity of skull (hydrocephaly) (microcephaly)

If mental deficiency is also reported, code it also under X15-X19.

If hydrocephaly is due to a specified active chronic disease of brain or meninges, code the disease only by ICD code number.

X94 Dwarfism; Midget; Excessively underheight

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

X95 Gigantism (excessively overheight)

X96 Obesity (excessively overweight)

Do not code as a separate diagnosis if due to any specified present active condition.

X97 Excessively underweight

See note under X96

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

X99 Special impairment, ill-defined site

Includes: "birth injury" or "brain injury," or "brain damage" at ages 3 mos+ without statement about type of residual; deformed NEC, site or type not indicated. Includes also ill-defined "after effects" of tuberculosis of bones and joints, gonococcal infection, poliomyelitis, encephalitis, rickets.

Excludes "strokes" without mention of effects; code to 334.X; If an effect, 3 mos+, is ill-defined, but involves the limbs, back, trunk, use also a code in X40-X89 that most nearly fits the description of the effect.

APPENDIX II

2-DIGIT TYPE OF OPERATION CODE

2-DIGIT TYPE OF OPERATION CODE

0 Endocrine System

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

1 Nervous System, Except Eye, Ear

- 10 Treatment and tests, with operations, for mental and nervous system disorders
Excludes spinal tap (13).
Includes: myelogram, encephalography, and ventriculography.
- 11 Operations on the brain, except as in 10
- 12 Operations on the skull or cranium
- 13 Operations on the spinal cord, or spinal meninges except as in 10
Includes spinal tap
Excludes operations for spinal "disc" (86) and for spine NOS (8X)
- 14 Other operations on nervous system, except eye, ear

2 Eye, Ear, Mastoid

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

3 Cardiovascular System

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

4 Lymph System, Spleen, Bone Marrow

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

5 Respiratory System, and Chest NEC

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

6 Digestive System, and Abdominal Regions NEC

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

7 Genitourinary System

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

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

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

9 Surgical and Operative Procedures for Delivery

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

XX Operation, type unknown, site unknown

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

APPENDIX III

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

EXPLANATORY NOTES

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

Content	Not used	New code	Category Title
			INFECTIVE AND PARASITIC DISEASES (001-138) Note: For NHS, if strep throat (051), whooping cough (056), measles (085), rubella (086), or chickenpox (087), are reported with acute upper respiratory conditions in 470-475, in the manner stated in the notes for 470-475, App. III, do not code 470-475 separately. See also, App. III, 470-475.
002			PULMONARY TUBERCULOSIS For NHS, includes tuberculosis NOS
	008		TUBERCULOSIS, UNSPECIFIED SITE. Code to 002.
		009	TUBERCULOSIS (PULMONARY) ARRESTED
	013		LATE EFFECTS OF TUBERCULOSIS OF BONES AND JOINTS
	035		LATE EFFECTS OF GONOCOCCAL INFECTION
	081		LATE EFFECTS OF ACUTE POLIOMYELITIS
083.1			POSTENCEPHALITIC PERSONALITY AND CHARACTER DISORDERS For NHS, <u>include</u> psychoneuroses, personality disorders, and conditions in 327, following, (3 mos+) conditions in 082. <u>Exclude:</u> impairments in X-Code (speech defects), (mental deficiency), etc., due to conditions in 082.
	083.3		OTHER POSTENCEPHALITIC CONDITIONS
092			INFECTIOUS HEPATITIS For NHS, <u>includes</u> hepatitis NOS (acute) (chronic) (virus), <u>unless</u> indicated to be a form of hepatitis indexed elsewhere by ICD.
	096X		OTHER DISEASES ATTRIBUTABLE TO VIRUSES (Not 096.9) For NHS, <u>include</u> specific diseases not classifiable to 080-096.8, as per ICD, but <u>exclude</u> "virus infection," "the virus" (097).
	097		"VIRUS" (INFECTION) ILL-DEFINED <u>Includes:</u> "virus" (infection) (with diarrhea). <u>Excludes:</u> any specific condition due to virus that can be coded elsewhere, such as virus cold (470), virus sore throat (472.0), virus infection, throat (472.0), virus hepatitis (092).

APPENDIX III

Con- tent	Not used	New code	Category Title
	4th digits of 140- 199		<p>NEOPLASMS (140-239)</p> <p>For NHS, use the 4th digits for 200-205, but use X for 140-199; none of the 4th digits of ICD for 140-199 will be used; use X in the 4th digit of 210-239, which are 3-digit codes.</p> <p>Multiple sites and types in 140-239: Beginning July 1, 1958, only one number in 140-239, per person, is to be coded, using the following order of preference, for type:</p> <p style="padding-left: 40px;">200-205 (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;">230-239 (tumors unspecified whether benign or malignant)</p> <p>If malignant, and the original (primary) site is known, code it, only. If reported as secondary or metastatic, and the original site is not known, code to 199, as per ICD. <u>See also</u> note under 199, Vol. 1. If a site is not specified, but the report says "full of cancer," "tumors all over body," etc., use 199, 229, or 239, depending upon whether the condition is specified as malignant or benign, or is unspecified.</p> <p>If 2 or more sites or types in 140-239 are specified, and none of the above is applicable, code only the first one mentioned.</p> <p><u>Note:</u> Cysts, or other types of tumors, classified elsewhere than in 140-239 are to be coded separately as reported.</p> <p>Alternatives to 200-204: <u>See</u> Vol. I, pp. 98, 99:</p>
	206		LYMPHATIC SYSTEM
	207		HEMATOPOIETIC SYSTEM

Con- tent	Not used	New code	Category Title
			<p>(240-299) <u>ALLERGIC DISORDERS (240-245). See also, 701, 702, 703.</u> For NHS, all allergy, regardless of cause (irritant) or of manifestation, is coded within 240-245, <u>except:</u> a. Conditions codable to dermatitis due to <u>plants</u>, allergic or not (702.0, 703.0) b. Allergic reactions concurrent with medical and surgical procedures (997-999) c. Allergic purpura (296) d. Allergic migraine (354)</p>
240			<p>HAY FEVER (seasonal) (nonseasonal) <u>Includes:</u> hay fever (or synonyms) with any symptom due to it; allergy with sneezing, or nasal or sinus conditions due to allergy; allergy with eye symptoms or with cough <u>provided</u> upper respiratory symptoms are also present. <u>Note:</u> If <u>asthma</u> is also present with a condition in 240, code to 241 only. Code allergic eye or ear conditions or allergic cough, without mention of conditions in 240 or 241, to 245.</p>
241			<p>ASTHMA (with or without hay fever) (bronchial) (NOS). For NHS, if bronchitis or some other respiratory condition is also reported <u>but is not stated to be due to allergy</u>, code <u>both the asthma (241) and the respiratory condition</u>. If asthma is reported with any <u>allergic respiratory condition</u>, code asthma only (241). <u>Excludes:</u> allergy manifested by coughing (245) unless accompanied by conditions codable to 240 or 241; cardiac asthma (434.2); and asthma <u>due to conditions</u> in 523, 524 or other bronchial or lung diseases. When asthma is known to be due to some <u>nonallergic</u>, respiratory condition, code the cause only, and do not code 241 separately. Do not code 241 with cardiac asthma (434.2), but when heart disease of any kind is reported, and asthma is also reported but it is not specified as due to the heart condition, code 241 and also the heart condition.</p>
	242		<p>ANGIONEUROTIC EDEMA Do not use after July 1, 1958. Code all allergic conditions indexed to this number to 245.</p>
	243		<p>URTICARIA Also not used. Code to 245.</p>

APPENDIX III

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

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

APPENDIX III

Content	Not used	New code	Category Title																																		
287			<p>(240-299)--Continued</p> <p>OBESITY NOT SPECIFIED AS OF ENDOCRINE ORIGIN Code overweight, obesity, as follows:</p> <ol style="list-style-type: none"> a. infants under 1 year: code 773.0 unless due to a specific cause, classifiable elsewhere. b. at ages 1 year and over, onset in past 3 months, of unknown, familial, or hereditary origin: code 788.4 c. at ages 1 year and over, onset <u>3 mos+</u>, of unknown, familial, or hereditary origin: code X96 only, with the appropriate etiology code. d. at any age or onset, due to present, <u>active</u> condition (thyroid, other endocrine, dietary excess, etc.): code <u>that</u> condition only. <p>OTHER DISEASES OF BLOOD AND BLOOD-FORMING ORGANS <u>Include</u> "low blood count," "low blood," "too much blood", "lack" or "excess" of red or white corpuscles.</p> <p>PSYCHOSES (300-309) For HIS, the term "psychosis" includes synonyms such as: psychotic reaction, dementia, insanity, mental deterioration; it <u>excludes</u>: "mental illness," "mental disorder or condition" and other ill-defined terms classifiable to 327; and mental deficiency or retardation in X15 - X19.</p> <p>For <u>psychosis due to physical causes</u>, code as follows:</p> <table data-bbox="525 1268 1384 1801"> <tbody> <tr> <td>Syphilis-----</td> <td>Syphilis, only, by type</td> </tr> <tr> <td>Condition in 082-----</td> <td>083.2, only</td> </tr> <tr> <td>Menopause-----</td> <td>302, only</td> </tr> <tr> <td>Senility (old age)-----</td> <td>304, only</td> </tr> <tr> <td>Presenility-----</td> <td>305, only</td> </tr> <tr> <td>Use of alcohol-----</td> <td>307, only</td> </tr> <tr> <td>Drug addiction-----</td> <td>308.2, only</td> </tr> <tr> <td>During pregnancy-----</td> <td>648.3, only</td> </tr> <tr> <td>During puerperium-----</td> <td>688.1, only</td> </tr> <tr> <td>Childbearing, old-----</td> <td>309, only</td> </tr> <tr> <td>Injury or poisoning, old-----</td> <td>308 with 9 in 4th digit</td> </tr> <tr> <td>Arteriosclerosis (cerebral)-</td> <td>306, <u>and</u> cause</td> </tr> <tr> <td>Conditions in 330-334-----</td> <td>306, <u>and</u> cause</td> </tr> <tr> <td>Brain neoplasms-----</td> <td>308.0, <u>and</u> cause</td> </tr> <tr> <td>Epileptic conditions-----</td> <td>308.1 <u>and</u> cause</td> </tr> <tr> <td>Other active present dis-</td> <td></td> </tr> <tr> <td>eases causing psychosis-----</td> <td>308.2 <u>and</u> cause</td> </tr> </tbody> </table> <p>PSYCHOSIS WITH CEREBRAL ARTERIOSCLEROSIS For HIS, includes <u>psychosis</u> due to arteriosclerosis, cerebral or not, or to any condition or combination of conditions codable to 330-334. Code the condition in 330-334 also.</p>	Syphilis-----	Syphilis, only, by type	Condition in 082-----	083.2, only	Menopause-----	302, only	Senility (old age)-----	304, only	Presenility-----	305, only	Use of alcohol-----	307, only	Drug addiction-----	308.2, only	During pregnancy-----	648.3, only	During puerperium-----	688.1, only	Childbearing, old-----	309, only	Injury or poisoning, old-----	308 with 9 in 4th digit	Arteriosclerosis (cerebral)-	306, <u>and</u> cause	Conditions in 330-334-----	306, <u>and</u> cause	Brain neoplasms-----	308.0, <u>and</u> cause	Epileptic conditions-----	308.1 <u>and</u> cause	Other active present dis-		eases causing psychosis-----	308.2 <u>and</u> cause
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299																																					
306																																					

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

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Content	Not used	New code	Category Title
			(310-326, 327)--Continued
	325		<p>MENTAL DEFICIENCY For NHS, code all degrees of mental deficiency or retardation to the X-Code (X15-X19) with the specified etiologic code. Code separately cerebral palsy, all other impairments, and chronic <u>active diseases</u> causing mental deficiency.</p> <p>Code degrees and types as follows: Mongolism, mongolian idiot (congenital): X15.X Severe (I.Q. under 50) (mental age under 7): X16 Moderate (I.Q. 50-69) (mental age 7-9): X17 Mild (I.Q. 70-84) (mental age 10-14): X18 Degree not stated: mental deficiency or retardation NOS; feeble-minded NOS; backward NOS: X19</p>
	326.0		SPECIFIC LEARNING DEFECTS. Code to X14
	326.1		<p>STAMMERING AND STUTTERING Code to X10 if 3 mos+; code to 781.5 if -3 mos. <u>See also</u> Medical Coding Manual, Section VI, D.</p>
	326.2		<p>OTHER SPEECH IMPEDIMENTS</p> <p>Code aphasia, mutism, "no speech," and all speech conditions indexed by ICD in <u>326.2</u> to XII, if 3 mos+; code to 781.6 if -3 mos. <u>See also</u> Medical Coding Manual, Section VI, D.</p>
	326.3		<p>ACUTE SITUATIONAL MALADJUSTMENT Code conditions indexed by ICD in 326.3 to 327.</p>
	326.4		<p>OTHER AND UNSPECIFIED Code conditions indexed by ICD in 326.4 to 327.</p>

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

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

APPENDIX III

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

Content	Not used	New code	Category Title
364			<p>(360-369)--Continued POLYNEURITIS AND POLYRADICULITIS For HIS, <u>include</u> neuralgia, neuritis, radiculitis, of multiple sites, unless the multiple sites are of the upper extremities, only (362), or of the lower extremities, only (363); if facial or trigeminal neuritis or neuralgia is reported, always code it separately (361).</p>
367			<p>OTHER DISEASES OF CRANIAL NERVES For HIS, <u>include</u> disturbance or loss of sense of taste or smell, NEC, -3 mos; <u>exclude</u> these if 3 mos+ (X12).</p>
368			<p>OTHER DISEASES OF PERIPHERAL NERVES EXCEPT AUTONOMIC <u>Include</u> "pinched nerve" (spinal). If "pinched nerve" is reported with "disc" conditions, code 735 only; see 735. <u>Exclude</u> paralysis -3 mos, of one arm, one leg, (monoplegia) of unknown cause (787.0), in persons over 3 months of age. <u>See also</u> notes above 360.</p>
380			<p>OTHER DISEASES AND CONDITIONS OF EYE (380-389) For HIS, for special rules for coding eye diseases and blindness and other defects of vision, <u>see</u> Medical Coding Manual, Section VI, B. <u>See also</u> Appendix I, categories X00-X03, X05, and special etiology codes for visual impairments. All congenital diseases of eye indexed by ICD to 753.0, 753.1, should be coded to the acquired diseases of the part specified in 380-388.</p>
380			<p>REFRACTIVE ERRORS <u>Include</u>: "near-sighted"; "far-sighted", other specific types indexed by ICD to 380. <u>Exclude</u> eyesight, seeing, or vision described as "poor," "bad," "defective," "blurred," - which are to be coded as for impairments of vision. <u>See</u> Manual, Section VI, B.</p>
384			<p>Title changed, as follows: STRABISMUS AND OTHER DISORDERS OF OCULAR MOVEMENT <u>Include</u>: "cross-eye," "lazy eye," "double vision"; paralysis, weakness, or other disorders of muscles of eyeball; any condition in 781.1. <u>Exclude</u>: ptosis (prolapse) of eyelid (388).</p>

APPENDIX III

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

Con- tent	Not used	New code	Category Title
390			<p>DISEASES OF EAR AND MASTOID PROCESS (390-398) For HIS, colds and acute upper respiratory infections in 470-475 resulting in acute ear infections in 391-393 are coded to 391-393 only, according to rules on p. 127. Ear infections in 391-393 accompanying or due to infectious diseases in 001-138 are coded to 001-138 only. For HIS method of coding deafness and other hearing impairments and their causes, <u>see</u> Medical Coding Manual, Section VI, C.</p> <p>OTITIS EXTERNA <u>Includes</u> boil in ear and infections of outer ear. <u>Excludes</u> fungus infections of ear, assumed to be of the outer ear or skin of ear, and coded to 131. However, the terms abscess and infection of ear NOS will be coded as for Otitis Media, (inflammation of the middle ear), unless the outer ear or inner ear is indicated.</p>
396		396.0	<p>OTHER DISEASES OF EAR AND MASTOID PROCESS SCARRED OR PERFORATED EAR DRUM If this condition, 3 mos+, is the cause of any degree of hearing impairment, code to the correct code in the X-Code, but do not code 396.0 separately.</p>
		396.1	<p>OTHER DISEASES OF EAR AND MASTOID PROCESS <u>Include</u>: acquired diseases of the ear not classifiable elsewhere; congenital <u>diseases</u> of ear indexed by ICD to 753.1; "ringing in ears." <u>Exclude</u>: absence of ear; code to X90.</p>
	397		DEAFMUTISM. Code to X06.
	398		OTHER DEAFNESS. Code to X06-X09.

APPENDIX III

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

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

APPENDIX III

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

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

Con- tent	Not used	New code	Category Title
450			<p>DISEASES OF ARTERIES (450-456); DISEASES OF VEINS AND OTHER DISEASES OF CIRCULATORY SYSTEM (460-468)</p> <p><u>GENERAL ARTERIOSCLEROSIS (450.0-450.1)</u> <u>Includes arteriosclerosis (and synonyms) with or without gangrene due to it, as per ICD. Excludes gangrene, unspecified cause (455). For NHS, when arteriosclerosis (hardening of the arteries) is the cause of psychosis, other mental disorders, paralysis, or other conditions in the X-Code, code the resulting condition, and the arteriosclerosis also. Arteriosclerosis combines with, and is coded to, the following:</u></p> <ul style="list-style-type: none"> Vascular lesions, central nervous system..... 330-334 Paralysis agitans..... 350 Angina, coronary, and others in..... 420.0-420.2 Chronic endocarditis in..... 421 Heart disease in 422 or 434..... 422.1 Hypertensive conditions in..... 440-447 (See also notes under 442 and 446) Conditions in 451..... 451 "Poor circulation," NOS..... 450.0 <p>Arteriosclerosis is not to be combined with heart conditions codable to 400-416, 430-433, 435, or 782.0</p>
454			<p><u>ARTERIAL EMBOLISM AND THROMBOSIS</u> <u>For NHS, include also "clot (blood)" of any artery of any site except brain (332), heart (420.1), lung (465) and intestine or mesentery (570.2). Exclude "clot" of vein, or specified sites when vein or artery is not mentioned; see 466.</u></p>
466			<p><u>OTHER VENOUS EMBOLISM AND THROMBOSIS</u> <u>For NHS, include also "clot" NOS (blood) (vein) of leg, arm, or other parts of extremities. Exclude "clot" of brain (332); heart (420.1); lung (465); intestine or mesentery (570.2); and "clot" in arteries of specified sites. Code clot of specified sites as indexed under "Thrombosis" in Vol. II.</u></p>
467.2			<p><u>OTHER AND UNSPECIFIED CIRCULATORY DISEASES</u> <u>Includes "broken veins NOS" or specified site; exclude "hemorrhage," site unknown (467.3); and "poor circulation," NOS (467.4).</u></p>

Content	Not used	New code	Category Title
		467.3	<p>(460-468)--Continued</p> <p>HEMORRHAGE, NOS; HEMATOMA, NOS</p> <p><u>Include the following, site and cause unknown:</u></p> <p>hemorrhage "blood blister" hematoma "blood tumor"</p> <p>If the site is known, but cause is not, code as for Hemorrhage, by site. If due to any specified cause, code cause only. If due to injury of unspecified type, code as for contusion.</p>
		467.4	<p>"POOR CIRCULATION" NOS</p> <p>Combines with arteriosclerosis, but no other condition</p> <p>DISEASES OF THE RESPIRATORY SYSTEM (470-527.2)</p> <p>For HIS, <u>exclude certain symptoms referable to the respiratory system (783.0-783.7); "Virus" NOS (097); asthma NOS, and all respiratory diseases and symptoms due to allergy (240-245). See also 097, and 240-245.</u></p> <p>ACUTE UPPER RESPIRATORY INFECTIONS (470-475)</p> <p>For HIS, beginning July 1, 1958, and revised July 1, 1961 multiple conditions in 470-474, -3 mos, will be coded to 475 only, and any conditions in 470-475, -3 mos, will combine with the conditions -3 mos, listed below, <u>provided: all are in the same line of the questionnaire; or a "due to" or causal relationship is stated for all; or all have same or overlapping days of disability; or if there are no disability days, all started "last week," or all, "week before," or all "before 2 weeks."</u> Combine acute conditions in 470-475 occurring in the <u>same episode of illness (as defined above)</u> with the following, using the code listed:</p> <p>acute otitis media 391.0 acute mastoiditis 393.0 earache 394 influenza 480-483, by type pneumonia NOS 493 .. <u>see also 490-493</u> acute bronchitis 500 brain abscess 342 acute nephritis 590 strep throat 051 whooping cough 056.0, 056.1 measles 085.0, 085.1 rubella 086 chickenpox 087</p>

APPENDIX III

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

Content	Not used	New code	Category Title
500			<p>(470-527.2)--Continued ACUTE BRONCHITIS Includes the listed conditions, and "bronchial trouble," onset -3 mos, (with cold -3 mos). <u>See also</u> notes above 470.</p>
502			<p>CHRONIC BRONCHITIS (502.0, 502.1) For HIS, bronchitis, and the listed conditions must be 3 mos+, to be coded to 502.0, 502.1. If bronchitis is -3 mos, code 500, and code emphysema to 527.1.</p>
510.0			<p>HYPERTROPHY OF TONSILS AND ADENOIDS For HIS, includes conditions in 473, if 3 mos+, and these conditions, and any in 510.0, of any onset if surgery for them is <u>also</u> reported in table II. If these are in table II, whether or not in table I, code to 510.0</p>
	510.1		<p>HYPERTROPHY OF TONSILS AND ADENOIDS WITH TONSILLECTOMY OR ADENOIDECTOMY. <u>See</u> notes for 510.0</p>
517			<p>OTHER DISEASES OF UPPER RESPIRATORY TRACT <u>Exclude</u> "throat infection" NEC; if acute, code 472.0; chronic, code 512.0 <u>Exclude</u> ulcer or ulceration of nose or septum; code 512.1 any date of onset, as for "Rhinitis, ulcerative." <u>Include</u> congestion nose NEC, acute or chronic.</p>
519			<p>PLEURISY <u>Excludes</u> pleurisy NEC with pneumonia NEC (493). <u>See also</u> 490-493.</p>
525			<p>OTHER CHRONIC INTERSTITIAL PNEUMONIA For HIS, <u>excludes</u> pneumonia or other conditions codable to 492, 493, unless they are described as "interstitial" or in some manner classifiable to 522-525 or elsewhere. <u>See also</u> 490-493.</p>
526			<p>BRONCHIECTASIS For HIS, <u>includes only bronchitis, 3 mos+, with bronchiectasis;</u> code bronchitis -3 mos (500), separately. <u>Excludes</u> bronchiectasis due to allergy or due to asthma (241); code 241 only.</p>
527.2			<p>OTHER DISEASES OF LUNG AND PLEURAL CAVITY For HIS, <u>include</u> edema (fluid) or dropsy, of lung, -3 mos; if 3 mos+, code to 522; if heart disease or failure is mentioned, code to heart conditions only. <u>Include:</u> congestion, chest, NEC, acute or chronic. infection, chest, NEC, acute or chronic.</p>

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

Content	Not used	New code	Category Title
			<p>(530-587)--Continued HERNIA OF ABDOMINAL CAVITY (560,561) For HIS, beginning July 1, 1958, the 4th digit subdivisions under 560,561 will not be used. Code 560X, 561X. <u>Excludes</u> hernia, -3 mos due to "one time" injury NEC, heavy lifting, or strain (848). <u>See</u> 848. Hernia, 3 mos+, due to "one-time" injury, code 560.9, 561.9.</p>
	560.0		Inguinal
	561.0		Inguinal with obstruction
	560.1		Femoral
	561.1		Femoral with obstruction
	560.2		Umbilical
	561.2		Umbilical with obstruction
	560.3		Ventral
	561.3		Ventral with obstruction
	560.4		Other specified site
	561.4		Other specified site with obstruction
	560.5		Unspecified site
	561.5		Unspecified site with obstruction
571			<p>Title changed to: GASTRO-ENTERITIS AND COLITIS, EXCEPT ULCERATIVE, AGES 4 WEEKS AND OVER, INCLUDING DIARRHEA</p>
571.1			<p>AGES 2 YEARS AND OVER For HIS, <u>includes</u> diarrhea, onset within 3 months; <u>excludes</u> it if in children, ages 4 weeks--2 years (571.0); <u>excludes</u> chronic diarrhea, onset 3 mos+, in all persons over 3 months of age (572.3).</p>
573.3			<p>OTHER FUNCTIONAL DISORDERS OF INTESTINES For HIS, <u>include</u> flatulence (gas) NOS, (intestines).</p>
577			<p>PERITONEAL ADHESION For HIS, <u>includes</u> adhesions NOS, or abdominal.</p>
578			<p>OTHER DISEASES OF INTESTINES AND PERITONEUM</p>
	578.0		Intestinal or bowel trouble or disease NOS.
	578.1		Bleeding (hemorrhage) colon, rectum, intestine (any part).
	578.2		<p>Diseases in 578 except 578.0, 578.1. <u>Exclude</u> pain in intestines or rectum (785.5)</p>

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

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

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

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

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

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

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

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

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

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

Content	Not used	New code	Category Title
	781.3		<p>SYMPTOMS—continued</p> <p>DISTURBANCE OF HEARING EXCEPT DEAFNESS For NHS, code to 396.1. If 3 mos+, code to the X-Code by degree of hearing loss reported. <u>See also 396.1</u></p>
	781.4		<p>DISTURBANCE OF CRANIAL NERVES EXCEPT OPTIC, OCULOMOTOR, AND AUDITORY For NHS, code ptosis of eyelid to 388. Code paralysis of facial nerve (7th), -3 mos, to 360. Code disturbance or paralysis, -3 mos, of 1st, 5th, 9th-12th cranial nerves, and all conditions relative to the senses of taste or smell, -3 mos, to 367 (Other diseases of cranial nerves). Loss or impairment of sense of taste or smell, 3 mos+, is coded to X12. Code <u>trismus (lockjaw) not secondary to tetanus</u> to 367. All paralysis, 3 mos+, is coded to the X-Code.</p>
781.5			<p>STAMMERING AND STUTTERING, -3 MOS For NHS, if 3 mos+, code to X10.</p>
781.6			<p>OTHER DISTURBANCE OF SPEECH, INCLUDING ALEXIA AND AGRAPHIA, -3 MOS For NHS, <u>includes</u> the listed conditions and all types of aphasia, -3 mos. <u>Excludes:</u> visual aphasia (word blindness), auditory aphasia (word deafness), and all types of aphasia 3 mos+, constituting a special learning disability (X14), or if predominantly affecting speech (X11); and speech defects, NEC, 3 mos+, (X11). <u>See also</u> Medical Coding Manual, Section VI, D, for speech defects, and VI, E, for special learning disability.</p>
781.7			<p>OTHER DISTURBANCE OF SENSATION, -3 MOS <u>Includes</u> disturbance or loss of sense of equilibrium NOS, of balance NOS, and of sensation NEC (numbness, burning, etc.), -3 mos; <u>excludes</u> them if 3 mos+ (X13). <u>Excludes</u> disturbance or loss of sense of taste or smell -3 mos (367), 3 mos+ (X12).</p>
	781.8		<p>ENCEPHALOPATHY. Code to 355.</p>
		781.X	<p>HALLUCINATIONS. (Not 781.9).</p>

Content	Not used	New code	Category Title
782.6	782.1 782.2 782.4	782.X	<p>PALPITATION. Code to 433.1. TACHYCARDIA. Code to 433.1. ACUTE HEART FAILURE, UNDEFINED. Code the listed conditions to 434.4</p> <p>EDEMA AND DROPSY (NOT OF NEWBORN) For NHS, code dropsy, renal or kidney, to 603.3.</p> <p>SHOCK WITHOUT MENTION OF TRAUMA (Not 782.9) <u>Includes</u> shock NOS. If physical shock state is reported with injury, code the injury only. <u>Excludes:</u> nervous, mental, emotional shock (327); paralytic shock or stroke (code as for Stroke).</p>
783.3			<p>COUGH <u>Includes</u> nervous cough and cigarette cough.</p>
783.5			<p>CHANGE IN VOICE, -3 MOS <u>Effective July 1, 1961, excludes voice or speech difficulties, 3 mos+.</u> See X-Code, XII, and Medical Coding Manual, Section VI, D</p>
	784.0 784.1 784.2 784.3 784.4 784.8 785.4		<p>ANOREXIA. Code to 544.2 NAUSEA AND VOMITING. Code to 544.2 PYLOROSPASM. Code to 544.1 HEARTBURN. Code to 544.2. DYSPHAGIA. Code to 539.0. ERUCTATION. Code to 544.2</p>
	785.4		<p>FLATULENCE. Code gas (pains) NOS to 573.3; in stomach, on stomach, to 544.2.</p>
	785.6		<p>DIARRHEA, AGE 2 YEARS AND OVER. Code to 571.1. See 571.1</p>
785.0			<p>ABDOMINAL SWELLING <u>Includes</u> swelling, swollen, abdomen, stomach, intestines.</p>
785.5			<p>ABDOMINAL PAIN <u>Includes</u> pain in abdomen, stomach, intestines.</p>
		785.X	<p>VISIBLE PERISTALSIS. (Not 785.9)</p>
786.0			<p>PAIN REFERABLE TO URINARY SYSTEM <u>Includes</u> difficulty in urination.</p>

APPENDIX III

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

Content	Not used	New code	Category Title
			SYMPTOMS—continued
788.4			<p>Title changed to: WEIGHT ABNORMALITY, AGES 1 YR+, ONSET -3 MOS For HIS, <u>includes</u> over-or underweight, or gain or loss of weight, onset past 3 months, in persons at ages 1 year and over, cause unknown, familial, or hereditary. For weight abnormality, in infants, or at ages 1 year and over, onset 3 mos+, <u>see</u> notes under 286.5 and 287.</p>
		788.X	<p>OTHER SPECIFIED SYMPTOMS NOT CLASSIFIABLE ELSEWHERE (Not 788.9) <u>Excludes</u> "low blood sugar" (270).</p>
789.0			<p>ALBUMINURIA, UNQUALIFIED <u>Includes</u> albuminuria and proteinuria of unknown cause, but of any duration, acute or chronic.</p>
789.8			<p>OTHER ABNORMAL URINARY CONSTITUENTS OF UNSPECIFIED CAUSE <u>Include</u> "cloudy urine," and other descriptions of the urine in regard to its content or color not classifiable to 789.0-789.7. <u>Exclude</u> symptoms relating to retention, frequency, etc. or other disorders of the discharge or secretion of urine (786.1-786.5); and uremia (792).</p>
	790.0		<p>NERVOUSNESS. Code to 327.</p>
790.1			<p>DEBILITY AND UNDUE FATIGUE For HIS, <u>includes</u> overtired, overworked, overexertion, worn-out, rundown, weakness, and other terms similar to debility and fatigue. <u>Excludes</u> these if codable to 794, or to ill-defined nervous or mental conditions in 327. <u>See also</u> 327 and 794.</p>
	790.2		<p>DEPRESSION. Code to 327, unless a specified type of psychosis or psychoneurosis is also reported.</p>
794			<p>SENILITY WITHOUT MENTION OF PSYCHOSIS For HIS, <u>includes</u> "old age" in persons 65+, with nervous or mental symptoms except psychosis, and such symptoms as weakness, trembling; code 794, only. <u>Excludes</u> all symptoms and diseases of heart, stomach, and other organs and parts of the body due to "old age"; code these to the specified symptom or disease, only. If "age", or "old age" is the cause of impairments in the X-Code, use "Y" as the etiologic factor, but do not code 794 separately.</p>

APPENDIX III

Con- tent	Not used	New code	Category Title
795	795.2 795.3 795.4		<p>SYMPTOMS--continued ILL-DEFINED AND UNKNOWN CAUSES OF MORBIDITY AND MORTALITY (795, 796, 797) <u>See</u> categories 796, 797, below. <u>See</u> Section IV of the Medical Coding Manual for special instructions about the coding of symptoms, ill-defined, and other inadequate diagnostic reports. Not applicable except in coding deaths.</p> <p>" " " " " "</p> <p>" " " " " "</p>
		796	<p>"GLAND TROUBLE" NOS Assume swelling, enlargement, hypertrophy of gland NOS to mean lymph glands or nodes, and code to 782.7. Code infection, inflammation, "sore" glands NOS as for Lymphadenitis, as in Vol. II, but for sites and types indexed to 468.2 change to 694, if -3 mos, and to 468.0 if 3 mos+. <u>Excludes</u> diseases and conditions of thyroid gland, prostate gland, or any other specified gland.</p>
		797	<p>"KNOTS," "LUMPS," "BUMPS," CAUSE AND TYPE UNKNOWN <u>Excludes</u> tumors or growths which are coded as for neoplasms (140-239); and knots, lumps, bumps, due to unspecified type of injury--to be coded to 996, by site if known, and if -3 mos. If "knots," "lumps," "bumps" are modified by the adjectives "benign," "malignant," or "nonmalignant," code as for neoplasms (140-239)</p>

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

APPENDIX III

Con- tent	Not used	New code	Category Title
			<p>ACCIDENTS, POISONINGS, AND VIOLENCE--Continued</p> <p>Injury of any kind to the <u>infant</u> during <u>delivery</u>, code as for Birth injury; to the <u>mother</u>, code as for Delivery.</p> <p>"Poisoning" <u>not</u> due to food, and affecting the skin only, by handling or coming in contact with irritating substances--causing rashes, eczema, dermatitis,- code as for Dermatitis, and whether occupational or not. If the word "burn" is used, code as for Burn.</p> <p>"Poisonings" or other injury codable to 001-799 do not require Table A.</p> <p>"Stings" of bee, wasp, or other poisonous insect: code as for Poisoning, by venom (978). Code stings and bites of nonpoisonous insects to Injury, superficial.</p> <p>"Sun poisoning": code as for sunburn</p> <p>"Strokes" -3 mos, due to injury: code to the injury in 800-999, only. Strokes, 3 mos+, due to injury code to the specified effect with 9 in 4th digit and code 334.9 also.</p> <p>When the statements about injuries and poisoning are vague, complicated, or unusual, consult the supervisor.</p> <p>For detailed instructions in coding injuries see HIS Medical Coding Manual, Section VII -</p> <p>LATE EFFECTS OF INJURIES AND POISONINGS IN 800-979 Conditions, 3 mos+, due to injury, or poisoning in 960-979, are coded according to the effect specified, with-9 in the 4th digit. If the injury or poisoning happened more than 3 months ago, and no present effect is specified (as in "fractured hip, 1957"), use the code in 800-999 with-9 in the 4th digit; for exceptions to this rule for old or chronic dislocations and strains, See notes for 830-848.</p> <p>Amputation or loss of eye, limbs, nose, ears, due to accident, <u>recent or old</u>, is coded to the X-Code with X in the first digit and .9 in the 4th digit, but after July 1, 1958, all other conditions, -3 mos, due to injury or accident will have 8 or 9 in the 1st digit.</p>

Con- tent	Not used	New code	Category Title
806			<p>FRACTURES (800-829) For NHS, categories 800-829 <u>include</u> fracture, and "broken," by site, if the specified part of the body contains bone,--as in arm, leg, hand, foot, back, neck. <u>Exclude:</u> "broken tooth"--see notes under 873 and 535. "fractured ear drum"--see 872 and 396.0. rupture of any site--see Vol. II under Rupture. rupture meaning hernia--see 848, 560, 561. all "disc" conditions--see 839 and 735. "broken" or torn cartilage, muscle, tendons--see 840-848. "broken veins" NOS (467.2).</p>
825			<p>FRACTURE AND FRACTURE DISLOCATION OF VERTEBRAL COLUMN WITH SPINAL CORD LESION <u>Exclude</u> all types of paralysis, 3 mos+, due to injury; code to X-Code with 9 in the 4th digit.</p> <p>FRACTURE OF ONE OR MORE TARSAL AND METATARSAL BONES <u>Includes</u> "broken arches," -3 mos, if due to injury. <u>Excludes</u> "broken arches," 3 mos+, due to any cause; code to X82 by the rules for impairments.</p>
839			<p>DISLOCATION WITHOUT FRACTURE (830-839) For NHS, for all intervertebral "disc conditions," see 839 and 735. Other old (3 mos+) or habitual dislocations (and synonyms) of sites of limb, back, trunk, in 830-839, effects NEC, are coded to X70-X79 by site. Code dislocation of jaw to X92, and congenital dislocation of hip to X85X. Code "rupture," "tear," "broken," "wrenched," of ligaments, muscles, cartilage, tendons of knee and other joints, as for sprain, strain, of those sites, if <u>dislocation</u> is not also specified in the diagnosis.</p> <p>OTHER, MULTIPLE, AND ILL-DEFINED DISLOCATIONS For NHS, <u>include</u> all "disc" conditions, -3 mos, <u>provided they are specified as due to injury.</u> <u>Exclude</u> "disc" conditions, -3 mos, <u>not due to injury,</u> and all "disc" conditions 3 mos+ (735); if 3 mos+, and due to injury, code <u>735.9.</u></p>

APPENDIX III

Content	Not used	New code	Category Title
846			<p>SPRAINS AND STRAINS OF JOINTS AND ADJACENT MUSCLES (840-848)</p> <p>For NHS, code rupture, tear, "broken," "wrenched," of muscles, cartilage, tendons of knee and other joints to 840-848, unless <u>dislocation</u>, as in 830-839, is <u>also</u> specified in the report.</p> <p>For "disc" conditions, -3 mos, <u>see</u> 839, and 735.</p> <p>For hernia (and synonyms), -3 mos, <u>see</u> 848, and 560, 561.</p> <p>Old (3 mos+) sprains or strains of sites of limbs, back, trunk in 840-848 are coded to X70-X79, unless some effect, elsewhere classifiable, is specified.</p>
847			<p>SPRAINS AND STRAINS OF SACRO-ILIAC REGION</p> <p>For NHS, include sprain, strain, -3 mos, of sacro-iliac, lumbar, lumbosacral, "low," "lower," parts of back; <u>exclude</u> these if 3 mos+, (X70) unless some effect elsewhere classifiable is mentioned.</p>
848			<p>SPRAINS AND STRAINS OF OTHER AND UNSPECIFIED PARTS OF BACK</p> <p><u>Include</u> "whiplash" injury, NEC of neck region -3 mos.</p> <p><u>Exclude</u> sprain, strain, 3 mos+, effect NEC, of:</p> <ul style="list-style-type: none"> back NOS (X70) coccyx (X72) neck (or cervical) or upper back (X71) spine NOS (X70) vertebra NOS (X70) <p>OTHER AND ILL-DEFINED SPRAINS AND STRAINS</p> <p><u>Include</u> hernia, -3 mos, <u>provided</u> it is due to "one-time" injury, heavy lifting, or strain; <u>exclude</u> hernia 3 mos+ due to injury (560.9, 561.9), and hernia, <u>any onset</u> not due to injury (560X, 561X).</p> <p><u>Include</u> sprain, strain, "side" -3 mos; if 3 mos+, code X79. <u>Exclude</u> eyestrain, strained heart, athlete's heart, strain of other internal organs, <u>any onset</u>; regard these as meaning "general wear and tear," and code with the ill-defined diseases of the part mentioned, <u>without reference to injury</u> in any way, even though they may be "one-time" occurrences.</p>

Content	Not used	New code	Category Title
			<p>LACERATION, CUT, OPEN WOUND OF SITES NOT INVOLVING SCALP, HEAD NOS, INTERNAL ORGANS (870-908)</p> <p>For HIS, Categories 870-908 <u>exclude also</u>: enucleation of eye, any onset; code as for Blindness in X00-X02, by cause; avulsion, amputation, "cut off," of limbs, any onset; code to X20-X34, by site and cause; if of nose or ear, code to X90; "smashed," "mashed," "mangled," "crushed," of extremities and sites in 996, with no information about whether there is an open wound or fracture; code to 996, by site; <u>bites of</u>: nonvenomous insects (mosquito) (flea), code to 910-918; poisonous insects or reptiles, code to 978; mad dog, case untreated (094). <u>Include bites by humans and non-rabid animals.</u></p>
	871		<p>ENUCLEATION OF EYE</p>
872			<p>OPEN WOUND OF EAR</p> <p><u>Includes</u> perforation (or synonyms) of ear drum, due to injury NEC, -3 mos; <u>excludes</u> it if 3 mos+, due to injury (396.9), or if of unspecified cause, any onset, (396.0).</p>
873			<p>OTHER AND UNSPECIFIED LACERATION OF FACE</p> <p><u>Includes</u> broken tooth, or teeth, or loss of tooth or teeth, due to injury, NEC, -3 mos; <u>excludes</u> these if -3 mos, and if of unspecified cause (535); if 3 mos+, code to X92 by the rules for impairments. <u>Excludes</u> traumatic avulsion of nose or ear, any onset (X90.9)</p>
	886		TRAUMATIC AMPUTATION OF THUMB(S)
	887		TRAUMATIC AMPUTATION OF OTHER FINGER(S)
	888		TRAUMATIC AMPUTATION OF ARM AND HAND
	896		TRAUMATIC AMPUTATION OF TOE(S)
	897		TRAUMATIC AMPUTATION OF FOOT
	898		TRAUMATIC AMPUTATION OF LEG

Con- tent	Not used	New code	Category Title
921			<p>SUPERFICIAL INJURY (910-918) For NHS, <u>includes</u>, also "skinned" of any site in 910-918.</p> <p>CONTUSION AND CRUSHING WITH INTACT SKIN SURFACE (920-929) For NHS, if there is no information as to whether the skin is broken, code crushing of extremities and sites in 996, to 996, by site.</p> <p>CONTUSION OF EYE AND ORBIT <u>Includes</u> also injury, unspecified nature, of eye (any part) and orbit; "black eye."</p> <p>EFFECTS OF FOREIGN BODY ENTERING THROUGH ORIFICE (930-936) For NHS, <u>include</u> foreign body (cinder, coin, fish bone, etc.) entering eye, ear, nose, throat or any natural opening of the body, -3 mos. Old foreign body, 3 mos+, of this nature, with no effect specified is coded to 930-936, by site, with 9 in 4th digit. <u>Exclude</u> "splinter in finger," or other foreign material in parts of the body <u>not</u> a natural opening; if no other nature of injury is specified code under "Wound, open," if -3 mos. With any kind of foreign body, -3 mos, if infection is also present, do not code infection separately.</p> <p>INJURY TO NERVES AND SPINAL CORD WITHOUT BONE INJURY (950-959) For NHS, categories 950-959 <u>include</u> traumatic blindness, deafness, and paralysis (due to nerve injury), -3 mos, as indexed by ICD. <u>Exclude</u> these conditions 3 mos+; code to the appropriate X-Code, with 9 in 4th digit.</p> <p>EFFECTS OF POISONS (960-979) For NHS, <u>see also</u> notes above 806, this Appendix.</p>

Content	Not used	New code	Category Title
			<p>EFFECTS OF WEATHER, EXPOSURE, AND RELATED CONDITIONS; OTHER AND UNSPECIFIED INJURIES AND REACTIONS (980-999) Note: Fractures and other injuries in 800-979, incurred in diving, during severe storms, or in other circumstances included in 980-999, are to be coded to 800-979, only, by type. Conditions which can be coded elsewhere are not to be coded as <u>injuries</u> if due to <u>ordinary</u> bad winter or summer weather, <u>damp</u> weather, <u>bad</u> weather, change in temperature, "the heat," "cold," "got feet wet," or to ordinary hunger or thirst. Code these as if non-traumatic. However, specified conditions in 980-989, such as frostbite, sunburn, car sickness, and effects of <u>excessive</u> cold, or heat, or <u>severe</u> storms, should be classified as injuries. If a condition is codable to 980-999, and is old, 3 most+, and has no effect specified, use 9 as the 4th digit, substituting 9 if the category in 980-999 has some other 4th digit. If the original condition was codable to 980-999, but some present effect, 3 most+, is specified, code as for all other late effects—to the present condition in 001-799, or the X-Code, with 9 in 4th digit.</p>
988			<p>EFFECTS OF EXCESSIVE EXERTION <u>Include</u> injury NEC, -3 mos, in "one-time" heavy lifting, or due to extreme exhaustion or excessive exertion. <u>Exclude</u> overworked, "tired," "exhausted," "worn out," and similar terms; code these as for Fatigue in 790.1, and do not consider them as injuries.</p>
990			<p>DROWNING AND NON-FATAL SUBMERSION <u>Include</u>: swimming and diving injuries and effects, -3 mos, not codable to 800-979; ear conditions, -3 mos, due to swimming or diving.</p>
	995		<p>CERTAIN EARLY COMPLICATIONS OF TRAUMA For NHS, code the injury only.</p>
996			<p>INJURY OF OTHER AND UNSPECIFIED NATURE For NHS, <u>includes</u> ill-defined descriptions of injury of external sites (not involving eye, head, skull, internal sites, nerves)--such as smashed, mashed, mangled, crushed, hurt, knocked, cracked, whacked, bumped, jarred--that cannot be coded elsewhere. Use 996X, instead of 996.9, for injury, -3 mos, <u>NOS</u>. Use 996.9, for injuries, 3 most+, with no effect specified, of the types and sites codable to 996.0-996.8, or 996X.</p>

APPENDIX III

Content	Not used	New code	Category Title
997			<p>980-999--Continued REACTIONS AND COMPLICATIONS DUE TO NON-THERAPEUTIC MEDICAL AND SURGICAL PROCEDURES For NHS, <u>include</u> fever, rash, headache, upset stomach, and other kinds of sickness resulting from vaccination or other preventive (prophylactic) measures or shots, -3 mos, in persons who were not sick before the treatment; and any reaction, allergic or otherwise, or complication, in previously well people, to medical or surgical procedures performed for sterilization, circumcision, or for cosmetic or preventive reasons. <u>Exclude</u> allergy to drugs or other substances not in connection with a current episode of reaction to a prophylactic or preventive procedure (245).</p>
998			<p>ADVERSE REACTION TO INJECTIONS, INFUSIONS, AND TRANSFUSIONS FOR THERAPEUTIC PURPOSES For NHS, <u>includes</u> adverse reaction, -3 mos, to injections (shots), or the introduction of fluids or blood into the veins or blood stream, given during the course of an illness for therapeutic (curative) purposes. Code also the illness for which the injections, etc., were given. <u>Note:</u> for reaction to insulin therapy, see 999.1.</p>
998.2			<p>Title changed to: SERUM SICKNESS AND ADVERSE REACTION TO INJECTED DRUGS For NHS, <u>include</u> also allergic or other reactions, except as in 998.1, to penicillin or other shots, complicating and concurrent with an illness. <u>Exclude</u>, also, reactions to drugs not injected (999.2); and allergy to drugs not in connection with a current episode of illness (245). <u>See also</u> 245.</p>
999.0			<p>ADVERSE REACTION TO OTHER THERAPEUTIC PROCEDURES (999) EARLY COMPLICATIONS OF SURGICAL PROCEDURES For NHS, <u>excludes</u> also ordinary pain and discomfort following normal well-conducted operations. Code only the illness for which the surgery was done.</p>
999.3			<p>LATE COMPLICATIONS OF AMPUTATION STUMP</p>
999.4			<p>LATE COMPLICATIONS OF OTHER SURGICAL PROCEDURES</p>
999.5			<p>OTHER LATE COMPLICATIONS OF THERAPEUTIC PROCEDURES</p>

SHORT INDEX

of

DISEASES, IMPAIRMENTS, INJURIES, AND OPERATIONS

(Revised July 1, 1964)

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Health Interview Survey
National Center for Health Statistics
July 1964

1-Digit Etiology Codes for IMPAIRED VISION
(X00-X05)-Revised July 1, 1964

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

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

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

5th and 6th Digits for Injuries,
Table I:

5th digit:

- X first, or only, condition in this accident
- 0 other condition(s) of multiples in this accident

6th digit:

- X yes, entry in Table II for this accident
- 0 no, no entry in Table II for any part of this accident

Code for Col (aa):

- 1 chronic
- 2 acute

Code for Col (i), Table II:

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

SHORT INDEX OF DISEASES, IMPAIRMENTS, AND INJURIES
(Revised July 1, 1964)

3

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psychosis 306: code the arteriosclerosis also
"stroke" 334; see also App. III, 330-334, and 352
brain or cerebral (with hypertension) 334*
with mental or nervous trouble due to it 327*; code 334 also
eyes 450.0
- Arthritis (chronic) (any type indexed by ICD to 720-725) 725*
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- Artificial
arm or leg--see Absence, by site
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- Asthma (bronchial) 241--see also App. III, 241, and Manual, Section IV, I.
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cardiac (due to heart disease) 434.2
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- Ataxia (muscular incoordination) (gait) NEC
-3 mos 780.5*
3 mos+: code to Partial Paralysis, by site
- Athlete's foot 131
- Atrophy (muscle) limbs, back, trunk--see Deformity, by site*
due to stroke, polio, etc; see Manual, Section VI, J.

-B-

- Backache--see Pain
- "Bealing" in ear (acute) 391.0
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- "Bedwetting" (child) (adult) 786.2*
emotional or personality problem 321.3*
- Belching (eructation) 544.2*
- "Bilious, biliousness" 544.2*

- Birth injury
 child
 -3 months of age
 brain or spine 760.0*
 with immaturity 760.5*
 other sites 761.0
 with immaturity 761.5
 3 mos+: code residual specified
 residual not specified
 X99.X
 mother--see Delivery, complicated
 Birthmark (strawberry) (see also Vol. II) 228
 face, disfiguring X90.X; code 228 also
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 animal NEC--see Wound, open
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 poisonous 978
 snake--see Wound, open
 poisonous 978
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 poisonous 978
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 Bleeding (hemorrhage) 467.3*
 bladder 606
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 NEC and not due to injury 716
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 Bright's disease--see Nephritis
 "Broken"
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 -3 mos, due to injury 825*
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 -3 mos, cause unknown 535*
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 with asthma 241*; code 526 also allergic 241*
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 bronchiectasis 526*
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 "Bumps" (any site) 797*
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- BURN (acid) (hot liquid or object)
(fire) (steam) (X-ray) 949
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back 942
chest 942
eye(s) only 940
face (and eye(s)) 941
finger(s) (and hand(s)) 944
foot, feet 945
hand(s) not involving arm(s) 944
 with arms 943
head (and face) (and neck) (and eye) 941
hip 942
leg(s), any part 945
neck (and face) 941
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 occupational 742
- C -
- Calcification NEC, limbs, back, trunk 738*
Callus (infected) 709
Cancer--see Neoplasm, malignant, Vol. II
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Cast in eye 384--see also Manual, Section VI, B
Cataract NEC 385*
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Cerebral palsy (with any type of paralysis) X50
 since birth X50.X
CVA (cerebrovascular accident) 331
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Cervical rib (congenital) X89.X
Chickenpox (with cold) 087*
Childbirth (mother)--see Delivery
Chills 788X*
Cholesterol (high) (abnormal) 788X*
"Circulation, poor" 467.4*
 with arteriosclerosis 450.0*
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 extremity (any) (leg) (arm) 466
 artery 454
 heart (artery) 420.1--see also App. III, 420
 lung 465
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Clubfoot X83
 since birth, or congenital X83.X
Cold (head) (acute) (virus) ("on stomach") ("in eye") (with diarrhea or upset stomach) (with cough) (with teething) 470*--see also App. III, 470-475
 with:
 bronchitis, acute 500*
 chickenpox 087*
 earache 394*
 ear infection, acute 391.0*
 "flu," grippe, or influenza--code as for flu, grippe, influenza--see Grippe
 german measles 086*
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 pneumonia--NOS 493*
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 bronchial, acute 500
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 chronic 512.1
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Cold sore (fever blister) 096.0
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Concussion (brain) 852*
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Congestion
 chest NEC 527.2*
 nose (head) NEC 517*
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- Contracture--see also Vol. II.
 muscles and tendons of limbs,
 back, trunk, 3 mos+: see De-
 formity, by site*
- CONTUSION (skin surface intact) 929
Note: Consult Vol. II for other and
 multiple sites not listed below.
 ankle(s) (and leg(s)) 927
 arm(s) 929
 lower 924
 upper (and shoulder) 923
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 ear 920
 elbow 924
 eye(s) any parts 921
 face 920
 feet, foot (and toe(s)) 928
 finger(s) (nail(s)) 926
 forearm(s) 924
 forehead 920
 hand(s) except finger(s) only 925
 head (and any other site) 851
 hip 927
 knee(s) 927
 leg(s) except foot 927
 rib(s) 922
 scalp (and any other site) 851
 toe(s) (nail(s)) (and foot, feet)
 928
- Convulsions, cause unknown, -3 mos
 780.2*
 3 mos+ (chronic) (repeated) 353.3*
- Corns 709
- "Coronary" conditions (clot, obstruc-
 tion, thrombosis, etc.) (with
 conditions in 420.2, 422, 433,
 434, 440-447, or 450) 420.1
- Cough (chronic) (cigarette) (nerv-
 ous) 783.3
with:
 bronchitis--code bronchitis only
 cold (head), acute 470*
- Coxa valga and vara X85
- Cradle cap (seborrheic dermatitis) 700
- Cramps, cramping
 menstrual 634
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 3 mos+--see ORTH IMP
 stomach or intestines 785.5
- "Crick" in--see Pain, by site
- Cripple, crippled NOS (see also De-
 formity, by site) X99
- Cross eye (strabismus) 384--see
also Manual, Section VI, B
- Croup 474
 chronic 516
- "Crushed" (severe) NEC--see Injury,
 other*
with:
 fracture--see Fracture
 open wound--see Wound, open
 bone--see Fracture
 internal organ--see Injury, inter-
 nal
- Curvature of spine X80
 with heart disease in 434 due to
 the curvature: code 434.0
 and X80 also
 with hypertension: code 443 and
 X80.
- Cut--see Wound, open
- Cyst--see Vol. II, pp. 91-94
 site unspecified 795.0*
 breast 620
 multiple sites--see App. III,
 140-239
 ovary 216
 pilonidal (infected) 221
 spine NEC 733
- Cystic fibrosis (pancreas) (lung)
 587.2
- Cystitis 605
- Cystocele (female) 631
- D -
- Deaf, deafness--see also Manual,
 Section VI, C.
 -3 mos, code to cause only
 cause unknown 396.1*
 3 mos+ X09
 severe or serious X07
 total X06
 without speech X06
- Deafmutism (deaf and dumb) X06
- Decayed tooth, teeth 530.0

- DEFORMED, DEFORMITY NEC X99
- ankle(s) X84
 - arm(s) X88
 - back NEC X80
 - bone NEC X99
 - breast bone X89
 - chest X89
 - chin (disfiguring) X90
 - cranium X93
 - ear(s) X90
 - elbow(s) X88
 - face X90
 - finger(s) (and thumb(s)) X87
 - foot, feet X84
 - clubfoot X83
 - flatfoot X82
 - forearm X88
 - forehead X90
 - hand(s) X88
 - head X93
 - heel(s) X84
 - hip(s) X85
 - congenital dislocation X85.X
 - jaw X92
 - joint NEC X99
 - knee(s) X84
 - leg(s) X84
 - limb, back, trunk--see also Manual, Section VI, J.
 - lip X90
 - lumbosacral joint X80
 - mouth (disfiguring) X90
 - neck (and shoulder) X86
 - nose X90
 - pelvis X85
 - postural NEC X89
 - rib(s) X89
 - shoulder(s) (and neck) X86
 - skull X93
 - spine NEC X80
 - sternum (breast bone) X89
 - teeth X92
 - thigh(s) X84
 - thumb(s) (and finger(s)) X87
 - toe(s) X84
 - wrist(s) X88
- Delivery (childbirth) (normal) NEC 660
- Cesarean, complication not specified 661*
 - complicated by
 - breech presentation 674
 - lacerations NEC 676
 - long, difficult labor NEC 675
 - other conditions--see Vol. II, pp 107-109
 - followed by complications within 2 months--see Puerperal conditions
- Depressed, depression 327*
- Dermatitis NOS 703.7--see also App. III, 701-703
- allergic 245*
 - due to plant leaves (ivy, etc.) 703.0*
 - occupational 702.0*
 - not allergic, due to:
 - chemicals 703.4*
 - occupational 702.4*
 - cosmetics 703.6*
 - detergents 703.4*
 - occupational 702.4*
 - drugs 703.3*
 - occupational 702.3*
 - dyes 703.6*
 - occupational 702.6*
 - metals 703.6*
 - occupational 702.6*
 - nylon 703.6*
 - oils and greases 703.1*
 - occupational 702.1*
 - plant leaves (ivy, etc.) 703.0*
 - occupational 702.0*
 - wool 703.6*
 - occupational 702.6*
 - other substances, without allergy, see Vol. II, Dermatitis
- Detachment of retina 386*--(see also Manual, Section VI, B)
- Diabetes 260

- Diarrhea (with enteritis)--code by age
 -4 wks. 764.0
 with immaturity 764.5
 4 wks. -2 yrs. 571.0
 chronic 572.3
 2 yrs+ 571.1*
 chronic 572.3
- Diet problems (poor, too much, or too little, food) (with or without overweight or underweight) (bad eating habits) (overeating)
 -1 yr (infants) 772.0
 with immaturity 772.5
 1 yr+ 286.5*
- Difficulty in--see "Trouble (with)"
 breathing NOS 783.2
- Digestion, poor 544.2
 due to nerves 316.2
- Disability, special learning X14
 "Disc" conditions (spinal) 735
 due to injury, any:
 -3 mos 839*
 3 mos+ 735.9*
- Disease (of) (UNSPECIFIED TYPE)
 site unspecified 795.5
 back NEC, -3 mos 787.5*
 3 mos+--see ORTH IMP
 bladder 606
 blood 299
 bowel NOS 578.0*
 brain NEC 355
 brain and spinal cord NEC 355*
 breast NEC 621.2
 "bronchial"--code as for Bronchitis
 cardiorenal (hypertensive) 442
 cardiovascular (with arteriosclerosis) (with edema) 422.1*
 circulatory NOS 467.4*
 ear 396.1*
 eye 388*
 muscles 384*
 female 637.2*
 fibrocystic (pancreas) (lung) 587.2
 gallbladder 586.0*
 with gallstones 584
 genital organs
 female 637.2*
 male 617
 gland, site not specified, NEC 796*--see also Manual, Section IV, M.
- Disease (of) (UNSPECIFIED TYPE)--Con.
 heart NEC 434.4--(see also App III, 400-443, and Manual, Section IV, O)
with:
 angina (and hypertension) (and arteriosclerosis) 420.2
 arteriosclerosis 422.1*
 and hypertension 443*
 and coronary conditions 420.1
 coronary conditions (and hypertension) (and arteriosclerosis) 420.1
 hypertension 443
 "allergic" NEC 245*
 "arterioslerotic" 420.0
 "hypertensive" 443
 asthmatic 434.2
 congenital NEC 754.5
 functional NEC 433.2*
 nervous, or due to nerves 315.2
 rheumatic--see Rheumatic heart disease
 intestine 578.0*
 kidney or renal 603.3*--(see also App III, 603)
with:
 arteriosclerosis and hypertension 446*
 and heart disease NEC 442*
 liver 583.0*
 due to alcohol (chronic) 581.1
 due to virus--see Hepatitis
 menopausal 635X
 menstrual 634
 mental, or nervous, NEC 327*
 prostate 612
 retina NEC 386*--see also Manual, Section VI, B
 sinus--see Sinusitis*
 skin 716
 allergic 245*
 due to nerves 317.3
 stomach 545.0*
 due to nerves 316.2
 thyroid 254.0*
with:
 menopause: code both
 menstrual disorder: code both
 overactive 252.0
 underactive 253

Disease (of) (UNSPECIFIED TYPE)--Con.
 tonsils (and adenoids) (chronic)--see
Tonsillitis
 womb 633
 Disfigurement (facial) (chin) (ears) (lips)
 (mouth) (nose) (forehead) X90
 Dislocation (displacement) 839*--see
also App. III, 830-839, and
 Vol. II
 ankle 837
 "disc"--see "Disc"
 elbow 832
 3 mos+, effects NEC X73
 finger(s) 834
 hand 839
 hip 835
 chronic NEC X75
 congenital X85.X
 jaw 830
 chronic NEC X92
 shoulder 831
 wrist 833
 Dizziness 780.6
 due to ear conditions: code ear
 condition specified
 Double: (see also Vol. II)
 jointed: code by site under ORTH IMP
 vision 384*--see also Manual, Section
 VI, B
 "Drooping eyelid" (congenital) *388*
 Drop
 foot X43
 toe X45
 wrist X40
 Dropsy--(see also Vol. II) 782.6
 abdomen 785.3
 kidney or renal 603.3*
 Dry skin 710.1
 Dwarfism, underheight, "stunted
 growth" X94
 Dysentery NOS (see also Vol. II) 048

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Earache 394
 -3 mos with cold, acute 394*
 Earwax 396.1*
 Eczema 701--see also App. III,
 701-703
 allergic 245*
not allergic, due to specified
 irritants, see Dermatitis,
not allergic.
 Emphysema 527.1
 with chronic bronchitis 502.0*

Endocarditis (valvular heart
 disease) (leaking heart)
 (with hypertension or
 arteriosclerosis) 421.4--
see also App. III, 421,
 and Vol. II if specific
 valves or types are re-
 ported.
 with conditions in 420: code
 the endocarditis, and code
also the condition in 420.
 Enlarged
 glands NOS 782.7*
 heart 434.4--see also Disease,
 heart
 liver 785.1
 prostate 610
 tonsils 510.0*
 -3 mos 473*
 Enuresis (child) (adult) 786.2*
 emotional or personality prob-
 lem 321.3*
 Epilepsy NEC 353.3*--see also
 App. III, 353
 grand mal 353.1
 Jacksonian (focal) 353.3*
 mixed types 353.3
 petit mal 353.0
 Eyesight--see Manual, Section VI, B
 Eyestrain NEC 388*--see also Manual,
 Section VI, B

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Failure--see also Disease (of)
 heart NEC 434.4*--see also Dis-
 ease, heart
 congestive 434.1
 kidney or renal NEC 603.3*--see
also Disease, Kidney
 Fallen
 arches (with pain) X82
 stomach 545.1*
 uterus 631
 other organs--see Vol. II, under
 Prolapse
 False labor, before delivery 648.3
 Farsighted 380
 Fibroid (tumor) (uterus) (cyst) 214
 Fibroma, cervix or uterus 214
 Fibrosis, cystic (pancreas) (lung)
 587.2

Flail joint--see ORTH IMP, by site
 Flatfoot X82
 "Flu"--see Grippe
 "Flutter," heart 433.1*
 due to nerves 315.0*
 Food poisoning NEC 149.2
FOREIGN BODY ("got something in")--
 see also Vol. II, and App. III,
 930-936
 with cuts, laceration--see Wound, open
 in body opening:
 ear 931
 eye, any part 930
 nose 932
 throat 933
 Forgetfulness 780.8
 due to:
 arteriosclerosis (cerebral) 334
 old age, 65+ 794*
 stroke, 3 mos+: code 780.8 and
 334
FRACTURE NEC 829
Note: For fracture of other and
 multiple sites, not listed below--
 see Vol. II
 ankle 824
 arm 818
 lower (forearm) 813
 upper 812
 both arms 819
 back NEC 805
 collar bone (clavicle) 810
 ear drum (due to injury) 872
 old (3 mos+) 396.9*
 not due to injury 396.0*
 elbow 812
 finger(s) 816
 foot 825 feet, both 828
 heel 825
 hip 820
 knee cap 822
 leg 827
 lower 823
 upper 821
 both legs 828
 rib(s) 807
 skull NEC 803
 spine NEC 805
 wrist 814
 Frostbite 980.0

Fungus infection NEC 134.5
 ear (outer) 131
 skin (any part) 131

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Gallbladder trouble 586.0*
 Gallstones 584
 Gas (intestinal) (flatulence)
 (pains) 573.3*
 "around heart" 544.2*
 on stomach 544.2*
 Gastritis (acute) (chronic) (see
 also Vol. II) 543
 Gigantism X95
 Glaucoma 387*--see also Manual,
 Section VI, B.
 Goiter 250--(see also Vol. II)
 Grippe or Influenza (virus) (with
 cold) 481--(see also Vol II)
 with:
 digestive symptoms, but no
 respiratory symptoms 482
 pneumonia (any form) 480
 Growth, precancerous, skin NEC 711
 NOS--see Vol. II

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Hallux valgus or varus X84
 Hammer toe X84
 "Hard of hearing" see Hearing
 Hardening of arteries--see Arterio-
 sclerosis
 "of heart" 420.1*
 Harelip (congenital) X91.X
 Hay fever (allergic) 240
 with asthma (bronchial) 241
 Headache 791
 due to
 eyestrain 388*
 nerves 791
 migraine 354
 "sick" 354
 Hearing, impaired--see also Manual,
 Section VI, C.
 -3 mos: code to cause only
 cause unknown 396.1*
 3 mos+ X09
 severe or serious X07
 totally deaf X06
 without speech X06
 Heartburn 544.2*

Hematoma NOS, NEC 467.3*

due to:

injury NEC--see Contusion
 specified injury--see Injury, specified
 specified site not due to injury--code
 under Hemorrhage, by site

Hemiparesis, 3 mos+ X53

Hemiplegia, hemiplegic, 3 mos+ X47

Hemorrhage--see Bleeding

Hemorrhoids (piles) 461

Hepatitis NOS (infectious) (virus)
 (acute) (chronic) 092*

Hernia (inguinal, femoral, esophagus,
 umbilical, ventral, navel, groin,
 testicles, NEC) 560*

with obstruction or strangulation
 561*

due to injury NEC, heavy lifting
 or strain:

-3 mos 848*

3 mos+ 560.9*

with obstruction or strangulation 561.9*

High blood pressure--see Hyperten-
 sion

Hives (allergic) (any substance)
 (giant) (with itching) 245*

Hoarseness

-3 mos 783.5*

3 mos+ X11

Hormone deficiency 277*

Hydrocephalus X93

congenital X93.X

Hypertension (with arteriosclerosis)

444;--see also App. III,

440-447

with:

angina 420.2

arteriosclerosis, brain 334

cerebral hemorrhage (with
 arteriosclerosis) 331

coronary conditions (with angina)
 420.1

heart disease (with arterioscle-
 rosis) 443

kidney disease NEC--see Disease,
 kidney

nephritis--see Nephritis

"stroke" (with arteriosclerosis)

334; see also App. III,

330-334, and 352

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Impetigo 695

Incoordination (muscular)

-3 mos 780.5*

3 mos+: code to Partial

Paralysis, by site

Indigestion 544.2

acid 544.0

nervous 316.2

Infection--(see also Vol. II)

site unspecified 795.0*

bladder 605

chest NEC 527.2*

ear (middle) 391.2

-3 mos (with cold) 391.0

3 mos+ 391.1

fungus (outer) 131

outer 390

finger (nail) 691

gallbladder 585

with gallstones 584

gland, NOS (lymph) (in groin)

(under arm) (neck) 468.2*

-3 mos 694*

3 mos+ 468.0*

gum (gingivitis) 532.0*

intestine--code as for Diarrhea*

kidney 600.2

and bladder 600.0

with kidney stone: code

602 only

leg NEC 698*

liver--see Hepatitis*

nerves--see Neuritis

respiratory NEC 527.2

-3 mos (acute) (upper) 475*

upper 3 mos+ 512.1

skin NEC 698

"stomach" 543*

throat NEC 472.0*

chronic 512.0

toe (nail) 691*

tonsil 473* See also Manual Sec. III,E,2

chronic 510.0

tooth 532.3

urethra 609

and bladder 607

virus NEC 097*

Inflammation, liver--see Hepatitis*

Influenza--see Grippe

Ingrown nail 712

infected 691*

INJURY, HEAD AND EYE, NEC

brain 856

eye 921

head 856

scalp 856

INJURY, INTERNAL, NEC 869

heart 861

liver 864

lungs 861

stomach 863

INJURY, NERVES NEC 959

acoustic (auditory) 951

arm (upper) 952*

lower 953

finger 954

foot, feet 957

forearm 953

leg (upper) 955*

lower 956

optic 950

spinal NEC 959

cord 958

INJURY, SUPERFICIAL (abrasion) (blister) (scratch) (bites of non-poisonous insects)--(see also Vol. II) 918

ankle 916

arm 918

lower 913

upper 912

elbow 913

eye, eyelid 910

face (and neck) 910

finger(s) 915

foot, feet (and toes) 917

hand(s), except finger(s) only
914

leg(s) except foot, feet 916

shoulder (and upper arm) 912

INJURY, UNSPECIFIED, OR ILL-DEFINED

NATURE, NEC 996.X*

Note: Code injury 3 mos+, no effects specified, of any site coded to 996.X-996.8, -to 996.9*; see also App. III, 996.

ankle(s) 996.7

arm(s) 996.8

lower 996.3

upper 996.2

back 996.1

INJURY, UNSPECIFIED, OR ILL-DEFINED

NATURE, NEC 996.X*--continued

eye, any part 921

face (and neck) 996.0

feet, foot 996.7

finger(s) 996.5

hand(s) except fingers only
996.4

hip (and thigh) 996.6

knee(s) 996.7

leg(s) 996.7

multiple sites in 996 NEC: code
996.8

neck 996.0

rib(s) 996.1

spine NEC 996.1*

thigh (and hip) 996.6

trunk, external sites 996.1

Insomnia 780.7

due to nerves 327

Instability, joint (chronic)--see
ORTH IMP, by site

Irritability, colon or bowel 573.2*

Irritation, skin NEC 698

Itching (skin) (pruritus) 708.5

any site, due to:

allergy 245*

nerves 317.2

anus (rectum) 708.0

eyes 388

genital organs 708.1

other sites 708.5

- J -

Jaundice (yellow) 785.2

infants, - 28 days, cause NEC
773.0

with immaturity 773.5

obstructive 586.1*

"Jerks", jerking--see App. III, 780.4*

Jungle rot 131

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Keloid (scar) 710.4

"Kernel" (armpit or groin) 782.7*

Knock knee (genu valgum) X84

"Knots" (any site) 797*

Kyphosis X80--see also Curvature,
spine

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Laceration--see Wound, open
 "Lazy"
 eye (muscle) 384
 liver 583.0*
 "Leaking heart" NEC 421.4--see
 also Endocarditis
 "Light hurts eyes" (photophobia)
 388*
 Limitation, motion, 3 mos+, NEC X79
 "Limps", limping, NOS 3 mos+ X79
 -3 mos 787.7*
 Locked knee, 3 mos+ X76
 Loss, lost
 appetite 544.2*
 due to nerves 316.3
 equilibrium (sense) 781.7*
 3 mos+ X13
 extremity--see Absence; by site*
 hearing--see Hearing
 memory 780.8*--see Forgetfulness
 mind 309
 organ or part--see Absence; see also
 Manual, Section VI, G.
 sensation NEC--see Numbness
 sense, smell, or taste, -3 mos
 367*
 3 mos+ X12
 teeth or tooth NEC, -3 mos 535*
 3 mos+ X92
 vision--see Vision
 voice -3 mos 783.5*;
 3 mos+ X11
 weight--see Underweight
 Low
 "blood (count)" NEC 299*
 pressure 467.0
 sugar 270*
 gammaglobulin 299*
 metabolism 788.X*
 thyroid 253
 "Lumbago", so stated 726.0
 "Lumps" (any site) 797*
 Lymphadenitis or lymph gland disorder
 NEC--see Infection, gland
 (lymph)*

- M -

Malnutrition--see Diet problems
 Malocclusion X92
 "Mangled" or "Mashed" NEC--see
 Injury, unspecified
 "Mass"-any site, cause unknown 797*
 Mastitis (breast) (acute) 621.0
 chronic 620
 cystic 620
 puerperal, or any part of
 nursing period 689
 Measles (with cold) (red) (black) 085.0*
 with pneumonia 085.1*
 German (with cold) 086*
 three-day 086*
 Menopause, menopausal symptoms NEC 635
 with:
 migraine: code 635 and 354
 nervous symptoms NEC: code 635 only
 psychosis: code 302 only
 Menstrual conditions (with headache)
 (with backache) (with cramps)
 634
 Mental
 deficiency or retardation X19--
 see also App. III, 325
 mild X18
 moderate X17
 severe X16
 "deterioration"--code as for Psy-
 chosis
 disorder, ill-defined 327*
 see also App. III, 327*
 Microcephaly (congenital) X93.X
 Midget X94
 Migraine (headache) (due to nerves
 or allergy) 354*
 with:
 menopause: code 354 and 635
 sinus conditions: code 354 and the
 sinus condition
 visual or hearing disorder: code
 354 only
 Miscarriage (abortion) 650.0--(see
 also Vol. II)
 at 7 months or more, code as De-
 livery
 "Missing"--see Absence, by site
 Mongolian (idiot) (Mongolism) X15X
 Morning sickness (pregnancy) 648.4*
 abnormal (persistent) 642.4
 "normal"--don't code

- Mumps 089
- Murmur, heart (functional), cause
unspecified 435*
since birth 754.5*
- Myalgia (pain in muscle) (acute)
787.1*
-3 mos
back 787.5*
limbs 787.1*
multiple sites in 787: code
787.7*
neck 787.6*
rib or "side" 787.7*
site unspecified 787.1*
3 mos+: code as ORTH IMP, by
site
- Myocarditis 422.2
with arteriosclerosis 422.1
and hypertension 443
hypertension 443
- Myopia 380
- N -
- Narcolepsy 355*
- Nausea 544.2*
"nervous", "due to nerves" 316.2
pregnancy, minor complaint
648.4*
"normal"--do not code
- Nearsighted 380
- Nephritis (with hypertension) 593
-3 mos (with edema, -3 mos)
(with hypertension, -3 mos)
590*
3 mos+ (with hypertension) 592*
with arteriosclerosis 446*
with heart disease 442*
- Nerves, nervous, nervousness ("bad")
(breakdown) (exhaustion)
(collapse) (disorder) (shock)
(depression) (tension) (weak-
ness) (worry) -ill-defined,
NEC 327*--see also App. III,
327
with anxiety NEC 310
colon 316.1
constipation 316.3*
cough 783.3
diarrhea 316.1
- Nerves, nervousness, etc.--(continued)
due to:
arteriosclerosis, (brain) (or
any in 330-334) 327*:
code also condition in
330-334
epilepsy: code 327* and epi-
lepsy, by type
menopause 635: code menopause
only
old age, 65+: code 794* only
headache 791
heart 315.2
murmur 315.0
rapid 315.0
indigestion 316.2
itching 317.2
rash 317.3
skin trouble 317.3
spasm see Spasm
stomach 316.2
tic or twitching--see 780.4*, App. III
vomiting (frequent) 316.2
- Neuralgia, Neuritis 366
back 366
extremity, upper, any part(s) (and
shoulder) 362*
extremity, lower, any part(s) (and
hip) 363*
face NEC 361*; code separately,
if with other sites also
heart NEC 434.4*
hip 363*
leg 363*
multiple sites NEC 364* see also
App. III, 361-364
sciatic 363
shoulder 362*
- Node, nodule, cause and type unknown 797*
thyroid (non-toxic) 251
- Nosebleed (epistaxis) 783.0
- Numbness (no feeling) (any site)
-3 mos 781.7*
3 mos+ X13
- O -
- Obesity,--see Overweight
- Old age (senility) (with forgetful-
ness) (with nervousness)
794*, persons 65+
with psychosis 304
- "Open leg" 3 mos+ 715*
-3 mos 698

ORTHOPEDIC IMPAIRMENT, NON-PARALYTIC,

NEC 3 MOS+ (weakness) ("trouble")
(pain) (stiffness)--see also
Manual, Section VI, I.

Note: See also "Multiple Sites," below.

ankle(s) (and foot, feet) X77
arm(s) (any part(s)), (and shoulder(s))
X73
back, spine, or vertebrae (sacro-
iliac) (entire back) (lower NEC)
X70
coccygeal region (base or end) X72
upper X71
collar bone X79
elbow(s) X73
feet, foot X77
and leg(s) X76
and hip(s) X75
finger(s) (and thumb(s)) X74
and hand(s) X74
and arm(s) X73
foot, any part X77
groin X79
hand(s) (any part(s)) X74
and arm(s) X73
hip(s) (with leg) X75
congenital dislocation X85.X
knee(s) (and leg(s)) X76
leg(s) (any part(s)) X76
with hip(s) X75
multiple sites NEC X78
Note: If hip is involved, code X75, only.
arm(s) any part(s) AND
leg(s) any part(s) X78
AND hips X75
back or spine, any part, (lower), (upper)
(neck)
AND
arm(s) and/or leg(s) X78
with hip(s) X75
shoulder(s) X78
finger(s) and toe(s) X78
neck region (of vertebrae) X71
and back X70
and shoulder X78
pelvis X75
rib(s) X79
sacro-iliac X70
shoulder(s) (and arm(s)) X73
"side" X79
spine--(see also back) X70
"end of" X72
thigh(s) X76
with hip(s) X75
thumb(s)--(see also finger(s)) X74

ORTHOPEDIC IMPAIRMENT-Continued

toe(s) (and foot any part) X77
and leg(s) X76
vertebra (see also back) X70
wrist(s) (and hand(s)) X74
and arm(s) X73
Overactive thyroid 252.0
Overeating--286.5* (see also Diet problems)
Overexertion 790.1*
Overtired 790.1*
Overweight--

Note: At any age or onset, if due
to specified cause (thyroid) (over-
eating), code cause only. (See
also App. III, 286.5, 287, and
788.4)

-1 yr (infants) 773.0
1 yr+, onset -3 mos, 788.4*
onset, 3 mos+:
cause unknown X96.0
due to overeating 286.5*
familial or hereditary X96.Y

- P -

PAIN, site unspecified 788X

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

abdomen 785.5
ankle 787.3*
arch 787.1*
3 mos+ X82
arm (muscles) 787.1*
back (muscles) 787.5*
breast 786.7
chest 783.7
muscles of 787.7*
ear 394
elbow 787.3*
eye 388
face, facial 361
finger 787.1*
flank 785.5
foot 787.1*
gas (intestinal) 573.3*
stomach 544.2*
groin 787.7*
hand 787.1*
head--see Headache
heart 782.0
hip 787.3*
intestines (any part) 785.5
jaw 787.7*
joint(s) of limb(s) 787.3*
knee 787.3*
leg (muscles) 787.1*

PAIN--(continued)

multiple sites in 787 (with swelling)
 (with stiffness) 787.7*
 muscle NOS 787.1*
 neck (muscles) 787.6*
 rectum 785.5*
 rib 787.7*
 shoulder 787.3*
 "side" 787.7*
 stomach 785.5*
 tongue 367*
 Palpitation, heart 433.1*
 due to nerves 315.0
 Palsy--see Paralysis, partial, by
 site; see also Manual, Section VI, H.
 Bell's, 3 mos+, X60
 "cerebral" (with other types of
 paralysis) X50
 since birth X50.X
 "shaking" (Parkinson's) 350
 Paralysis agitans (Parkinson's disease)
 350

with arteriosclerosis (cerebral or not)
 350

PARALYSIS (RESIDUAL)--see also Manual, Section VI, H, for multiple sites and types

-3 mos: code cause only, if known
 cause unknown:
 one arm, leg, hand, or foot 787.0*
 2 or more members 334*
 face 360*
 other sites 334*

3 mos+ (complete) (permanent)

Note: Code paralysis of 3 or more major members) or entire body to X48. For paralytic weakness and lesser paralytic residuals, see Paralysis, Partial, below.

site unspecified X49
 anus (sphincter) X61
 with paralysis, legs X46
 arm, one, except fingers only
 X40
 both arms X41
 bladder X61
 with paralysis, legs X46
 Erb's (arm) X40
 face X60
 feet (and legs) X44
 finger(s) only X42
 foot X43
 hand, one X40
 both hands, X41

PARALYSIS (RESIDUAL)--(continued
3 mos+--(continued)

Klumpke's (forearm) X40
 larynx or vocal cord X69
 with speech impaired X11
 leg, one, except toes only X43
both legs X44
 with bladder or anal
 sphincter X46
 "side," upper and lower (left
 or right) X47
 shoulder X49
 spine NOS X49
 throat or tongue X69
 with speech impaired X11
 toe(s) only X45
 trunk NEC X49
 with both legs X44
 vocal cord X69

PARALYSIS, PARTIAL--see also
Manual, Section VI, H.3 mos+:

Note: Code partial paralysis of 3 or more major members, or entire body, to X54.

site unspecified X59
 anus (sphincter) X61
 arm(s) (and finger(s)) X51
 bladder X61
 face X60
 feet, foot X52
 and leg(s) X52
 finger(s) (and arm(s)) X51
 hand(s) (and arm(s)) X51
 larynx or vocal cord X69
 with speech involvement
 X11
 leg(s) (and feet) X52
 shoulder X54
 "side," upper and lower (left
 or right) X53
 spine NOS X54
 throat or tongue X69
 with speech impaired X11
 toe(s) X52
 trunk NEC X54
 and arm(s) and/or leg(s)
 X54
 vocal cord X69
 with speech involvement X11

- Paraplegia, paraplegic (3 mos+)
X44
with bladder or anal sphincter
involvement X46
- Paresis--see Paralysis, partial,
by site
- Penicillin reaction (allergic)
with current illness 998.2*
- Perforated or punctured eardrum
396.0*
- Phlebitis 464
lower extremities 463
- Pigeon breast X89
- Piles (hemorrhoids) 461
- "Pinched" nerve (spinal) 368
cranial (in head) 367
due to:
"disc" conditions--see "Disc"
injury, -3 mos, see Injury,
nerve
- Pink eye 370
- Pleurisy NEC 519.0
with pneumonia NEC 493*
- Pneumonia--see also Vol. II
ages 4 wks+ (broncho-, lobar-)
(with pleurisy) any onset
493*--see also App. III,
490-493
virus 492
- Poison ivy, oak, sumac, other plants
(allergic) 703.0
occupational 702.0
- Poisoning--see also Vol. II.
affecting skin only, by contact with
irritating substances, causing
rashes, eczema, dermatitis, and
the like: code as for Dermatitis.
See also App. III, above 806.
animal or insect 978
carbon monoxide 968
food NEC (bacterial) 049.2
naturally toxic (toadstool)
960
lead 966
snake 978
sun: code as for Sunburn
- Poliomyelitis (acute) 080.3
active 080.3
bulbar 080.0
nonparalytic 080.2
paralytic, acute 080.1
inactive or old, 3 mos+
with paralysis--see Paralysis
other defects or deformities--
see type specified
- Posture, poor NEC X89
- Pregnancy--see also Vol. II.
before delivery:
"normal"--do not code
with:
anemia, arising in pregnancy
646
hemorrhage 644
hypertension, arising in preg-
nancy 642.0
minor complaints (headaches,
backaches, frequent
urination) 648.4*
varicose veins 648.3
vomiting (mild) 648.4*
pernicious 642.4
with delivery: code Delivery
only
- Prickly heat 714.0
- Psychosis, psychotic reaction NEC
309
due to physical causes--see App.
III, 300-309.
- Puerperal conditions, within 2
months after delivery--see
also Vol. II.
with delivery--code delivery
only
hemorrhage following delivery,
new admission: 688.3
infection 681
breast, any time during nursing
period 689
minor complaints (headache, back-
ache) 688.4*
- Pus--code as for Infection
in urine 789.2
- Pylorospasm 544.1*
due to nerves 316.2*
- Pyorrhea 532.1

- Q -

Quadriplegia, 3 mos+ X48

- R -

Rapid heart 433.1*

due to nerves 315.0

Rash (skin) 788.2

diaper 703.6

due to:

allergy 245*

heat 714.0

"nerves" 317.3

substances--see Dermatitis

eyelids, eyes 388

Retrolental fibroplasia (see also
Manual, Section VI, B)

-1 yr. (with prematurity) 777.5*

full term 777.0*

1 yr.+ 386*

Rheumatic fever: see also App. III,
400-416

without rheumatic heart:

with 1 or more bed-days, past
year 400*

with no bed-days, past year 403*

with rheumatic heart:

onset -3 mos. 401.3*

onset 3 mos+ 416*

Rheumatic heart disease:

onset -3 mos 401.3*

onset 3 mos+ 416*

Rheumatism (chronic) (any site)
(inflammatory NEC*) 727

muscular (any site) 726.3*

Ringing in ears 396.1*

Ringworm 131

"Rising" in ear--see Infection, ear

Rose fever 240

"Running ear"--see Infection, ear

"Rupture", ruptured, meaning Hernia
--see Hernia

disc--see "Disc"

ligaments or tendons--see Sprain,
Strainother sites--see Vol. II, under
Rupture

- S -

Scar (painful) (tender) (contracting)
eardrums 396.0*facial disfigurement (chin, ears,
face, lips, mouth, nose)

X90

keloid, any site 710.4

limbs, neck, back, trunk, external,-

code as for Deformity of those

sites

Sciatica 363

Scoliosis X80 (see also Curvature)

Scratch--see Injury, superficial

Seizures--see Convulsions

Senile, senility--see App. III, 794*

Sensitive--code as for "Trouble"

scar--see Scar

Shingles 088

Shock 782X*

"nervous" or mental 327*

paralytic--see "Stroke"

Shortened leg, arm--see Deformity,
by site*

Shortness of breath 783.2

Sinusitis

with or due to deviated septum:

code 514 only*

acute 471*

with cold, acute 475*

allergic 240

chronic 513

Skin

"adolescent" NEC 716

"irritation" NEC 698

"Skinned"--see Injury, superficial

Sore, soreness

eye (infection) 379

indicating infection--see Infection

muscles--code as for Pain, by site*

"open" or "running", NOS, 3 mos+ 715*

-3 mos--see Infection

throat (acute) 472.0

with cold 475*

chronic 512.0

- Spasm(s) (muscles)--see also App. III, 780.4 and 787; Manual, Section VI, H, 3, and I; and Vol. II.
- colon 573.2
 - due to "nerves" 316.1
 - eyelid 780.4*
 - face 780.4*
 - heart NEC 434.4*
 - limbs, back, trunk, NEC,: code as for "Trouble" of those sites
 - pylorus 544.1*
 - stomach 544.1*
 - due to "nerves" 316.2
- "Spastic" (muscles)
- since birth: code as for Cerebral Palsy
 - not since birth:
 - unspecified site, or of the limbs, back, trunk: code as for Palsy
 - colon--see Spasm, colon
 - stomach--see Spasm, stomach
- Speech defect
- with cleft palate X91.X
 - 3 mos 781.6*
 - 3 mos+ NEC X11
 - stammering, stuttering
 - 3 mos 781.5*
 - 3 mos+ X10
- Spina bifida (congenital) X81.X
- "Spots on skin" NEC 716*
- SPRAIN, STRAIN (muscles) (tendons)
- 848 (see also App. III, 840-848)
 - ankle (and foot) 845
 - arm (upper) 840
 - lower 841
 - back or spine NEC 847
 - chronic NEC X70
 - sacro-iliac or lower 846
 - chronic NEC X70
 - finger 842
 - hand 842
 - heart (muscles)--see Disease, heart
 - hip (and thigh) 843
 - knee (and leg) 844
 - chronic NEC X76
 - leg 844
 - chronic NEC X76
 - upper (thigh) 843
 - neck 847
 - chronic NEC X71
- SPRAIN, STRAIN etc.--(continued)
- sacro-iliac 846
 - chronic NEC X70
 - shoulder (and upper arm) 840
 - thigh 843
 - wrist 842
- Sprengel's deformity X86
- Stammering 3 mos+ X10
 - 3 mos 781.5*
- STIFFNESS, -3 mos
- Note: For Stiffness ("rigid") (joint) (muscle), 3 mos+, see ORTH IMP, by site. If described as "permanent"--see Deformity, by site.
- back 787.5*
 - jaw 787.7*
 - joints of limb(s) 787.3*
 - limbs 787.1*
 - neck 787.6*
- Sting, bee or wasp (poisonous) 978
- other, nonpoisonous,--see Injury, superficial
- Stone (calculus)
- bladder 604
 - gallbladder 584
 - kidney 602
 - ureter 602
- Strabismus (cross eye) 384
- Strep throat (with cold) 051*
- "Stroke" (with hypertension) (with arteriosclerosis) 334*
- with residuals and/or other diseases--see App. III, 330-334, and 352, and Section VI, H of Manual
- Stuttering, 3 mos+ X10
 - 3 mos 781.5*
- Sty 372
- Sun poisoning 981.4
 - allergic 245
- Sunburn 981.4
- Sunstroke 981.1
- Swelling, swollen-site unspecified 788X
- any site, allergic, due to allergy 245*
 - Note: For swelling, 3 mos+, NEC, of joints, and limbs--see ORTH IMP, by site.
 - abdomen 785.0
 - glands (lymph) 782.7
 - joint(s), of limb(s) -3 mos 787.4*
 - limb(s) -3 mos 787.2*
 - stomach 785.0*

- T -

Tear, torn
 cartilage--see also Sprain, strain
 knee (semilunar) 844*
 flesh NEC--see Wound, open
 internal organ--see Injury, internal
 ligament--see Sprain, strain
 muscle--see Sprain, strain
 tendon--see Sprain, strain
 Teething 533.1
 with cold, acute 470*
 wisdom tooth NEC 533.1*
 Tension (nervous) 327*
 "Tetter" 716
 Thrombosis (see also Vol. II)
 brain or cerebral 332
 coronary or heart (with hypertension) (with arteriosclerosis) 420.1
 leg 466
 lung 465
 Tibial torsion X84
 Tic (nervous) (facial) (eyelid) 780.4*
 douloureux 361
 "Tongue-tied" X11
 Tonsillitis or tonsils "bad", "diseased": see also Manual, Section III, E, 2.
 -3 mos 473*
 with cold, acute 475*
 3 mos+ 510.0
 Tooth, teeth, "bad", decayed 530.0
 Toothache, cause not specified 534
 Torticollis (contracture, neck)
 -3 mos 787.6*
 3 mos+ X86
 Tremor, trembling (muscular)--see 780.4*, App. III
 3 mos+, residual of stroke and other paralytic diseases: code to Partial Paralysis, by site
 "paralysis" (Parkinson's) 350
 Trick knee X76

"Trouble"--see also Disease (of), by site
 -3 mos:
 back 787.5*
 hearing 396.1*
 joints of limbs 787.3*
 limbs 787.1*
 seeing 388*--see also Manual, Section VI, B
 speech 781.6*
 swallowing 539.0*
 due to nerves 316.3*
 walking 787.7*
 3 mos+:
 back, limbs, neck, trunk--see ORTH IMP by site
 hearing NEC X09
 severe NEC X07
 totally deaf X06
 seeing--see Manual, Section VI, B
 speech NEC X11
 swallowing 539.0*
 due to nerves 316.3*
 walking NEC X79
 Tuberculosis 002*
 active (lung) 002*
 other sites--see Vol. II.
 arrested (pulmonary) 009*
 Tumor--see Vol. II, under Neoplasm by site, and whether benign, malignant, or unspecified; see also App. III, 140-239.
 blood NEC--see Hematoma*
 vessel--see Hemangioma, Vol. II.
 "Twitching"--see Tremor

- U -

Ulcer--see also Vol. II, under Ulcer duodenal 541.0
 perforating or "ruptured" 541.1
 gum 536*
 mouth 536
 nose 512.1*
 skin (chronic) NEC 715
 stomach (with hemorrhage) 540.0
 perforating or "ruptured" 540.1
 tooth 531.2
 varicose (leg) 460

Underactive thyroid 253

Underweight

Note: At any age or onset, if due to specified cause (cancer) (malnutrition) code cause only. See also 286.5 and 788.4, App. III.

-1 yr (infants) 773.0
 with immaturity 773.5
 feeding problem 772.0
 with immaturity 772.5
 1 yr+, onset -3 mos 788.4*
 onset 3 mos+:
 cause unknown X97.0
 due to eating habits 286.5*
 familial X97.Y

Upset

"emotional" or "nervous" 327*
 intestinal 573.3
 stomach 544.2
 due to nerves 316.2
 with acidity 544.0*

Urination (difficult) (painful)
 786.0

frequent 786.3
 scanty 786.5
 uncontrolled--see Enuresis

Urine, abnormal NEC 789.8

albumin in 789.0*
 blood in 789.4
 cloudy, NEC 789.8
 pus in 789.2
 retention of 786.1
 sugar in 789.6

- V -

Vaccination reaction, sick 997

Varicose ulcer or veins (infected)
 (lower extremity) 460

other sites--see Vol. II
 complicating pregnancy 648.3
 following childbirth, within 2
 months 682

"Virus" (infection) (with diarrhea)
 097*

cold NOS 470
 grippe or influenza--see Grippe
 infection, throat 472.0*
 lung condition 527.2
 pneumonia NEC 492

Vision, "blurred", "half", "poor",
 "trouble with"--see Manual,
 Section VI, B

"double," any onset, 384*--see
 also Manual, Section VI, B

Vomiting 544.2*

blood 784.5
 frequent, pernicious 544.2
 in pregnancy (abnormal) 642.4

"nervous," "due to nerves"
 316.2

pregnancy (minor) 648.4*

"normal"--do not code

- W -

Water on knee 738

Wax in ear 396.1*

Weak, weakness

Note: For paralytic weakness, 3
 mos+, see Paralysis, partial. For
 weakness NEC, 3 mos+, of back,
 joints, limbs--see ORTH IMP

site and type unspecified

-1 yr 773.0

with immaturity 773.5

1 yr - 64 yrs 790.1

65 yrs+ (old age) (with
 "nerves" NEC) 794*

arches (chronic) X82

back -3 mos 787.5*

"bladder" or "kidney" 786.2*

emotional or personality prob-
 lem 321.3*

eyes NEC 388* see also Manual,
 Section VI, B

eye muscles 384*--see also Manual,
 Section VI, B

heart 434.4*

joints -3 mos 787.3*

limbs -3 mos 787.1*

nerves 327*

Webbed fingers X87.X

Webbed toes X84.X

Weight abnormality (any) ages 1 yr+,
 onset -3 mos, 788.4*--see
 also Overweight or Underweight

Whiplash injury NEC (neck) 847

3 mos+, effects NEC X71

Whooping cough (with cold) 056.0*

with pneumonia 056.1*

WOUND, OPEN (CUT) (LACERATION) --see

also Vol. II.

abdominal regions, external 879

arm, one only NEC 885

 lower (forearm) 881

 upper (and shoulder) 880

both arms 900

eye, eyelid 870

face 873

feet, both (any parts) 901

finger(s) of one hand 884

 of both hands 903

foot, except toe(s) only 893

hand, one only 883

both hands 903

head 856

knee, one 891

 both knees 901

leg, except thigh 891

both legs 901

scalp 850

thigh 890

toe(s) of one foot 894

 of both feet 901

Note: The phrase "see OP NEC" means: look under the heading "Operation NEC" at the end of this Index of Operations for the code number for the site specified.

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OPERATION NEC XX

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