# 2a Errata for Year 2004

Page#	Content to be Corrected	Corrections
58-59	Change in formatting under B. 1 a.	Corrected page attached
100	Reworded instruction b.	Corrected page attached
117	Deleted unnecessary "g" in malignancy under C80.	Corrected page attached
178	Term added to <u>Poisoning by drugs</u> 1. a.	Corrected page attached
234	Changed both MOD codes to H	Corrected page attached

- i. any condition described as arteriosclerotic [atherosclerotic] reported as "due to" any neoplasm;
- j. influenza (J10-J11) reported as "due to" any other disease;
- k. a congenital anomaly (Q00-Q99) reported as "due to" any other disease of the individual, including immaturity;
- 1. a condition of stated date of onset "X" reported as "due to" a condition of stated date of onset "Y," when "X" predates "Y";
- m. any accident (V01-X59) reported as "due to" any other cause outside this chapter except epilepsy (G40-G41);
- n. suicide (X60-X84) reported as "due to" any other cause.

The preceding list does not cover all "highly improbable" sequences, but in other cases the General Principle should be followed unless otherwise indicated.

Acute or terminal circulatory diseases reported as "due to" malignant neoplasm, diabetes or asthma should be accepted as possible sequences in Part I of the certificate. The following conditions are regarded as acute or terminal circulatory diseases:

- I21-I22 Acute myocardial infarction
- I24.- Other acute ischemic heart diseases
- I26.- Pulmonary embolism
- I30.- Acute pericarditis
- I33.- Acute and subacute endocarditis
- I40.- Acute myocarditis
- I44.- Atrioventricular and left bundle-branch block
- I45.- Other conduction disorders
- I46.- Cardiac arrest
- I47.- Paroxysmal tachycardia
- I48 Atrial fibrillation and flutter
- I49.- Other cardiac arrhythmias
- I50.- Heart failure
- I51.8 Other ill-defined heart diseases
- I60-I68 Cerebrovascular diseases except I67.0-I67.5 and I67.9

#### B. Diagnostic entities

- 1. <u>One-term entity</u>: A one-term entity is a diagnostic entity that is classifiable to a single ICD-10 code.
  - A diagnostic term that contains one of the following adjectival modifiers indicates
    the condition modified has undergone certain changes and is considered to be a
    one-term entity.

adenomatous	embolic	hypoxemic	necrotic
anoxic	erosive	hypoxic	obstructed
congestive	gangrenous	inflammatory	obstructive
cystic	hemorrhagic	ischemic	ruptured

(Apply this instruction to these adjectival modifiers **only**)

For code assignment, apply the following criteria in the order stated.

(1) If the modifier and lead term are indexed together, code as indexed.

I (a) Embolic nephritis Code for Record N058

<u>Code to</u> embolic nephritis (N058). The adjectival modifier "embolic" is indexed under Nephritis.

(2) If the modifier is not indexed under the lead term, but "specified" is, use the code for specified (usually .8)

I (a) Obstructive cystitis

Code for Record
N308

<u>Code to</u> cystitis, specified NEC (N308). The adjectival modifier "obstructive" is not indexed under Cystitis, but "specified NEC" is indexed.

(3) If neither the modifier nor "specified" is indexed under the lead term, refer to Volume 1 under the NOS code for the lead term and look for a specified fourth character category.

I (a) Hemorrhagic cardiomyopathy Code for Record I428

<u>Code to</u> the category for other cardiomyopathies (I428). "Hemorrhagic" is not indexed under cardiomyopathy, neither is cardiomyopathy, specified, NEC indexed. The Classification does provide a code, I428, for "Other cardiomyopathies" in Volume 1.

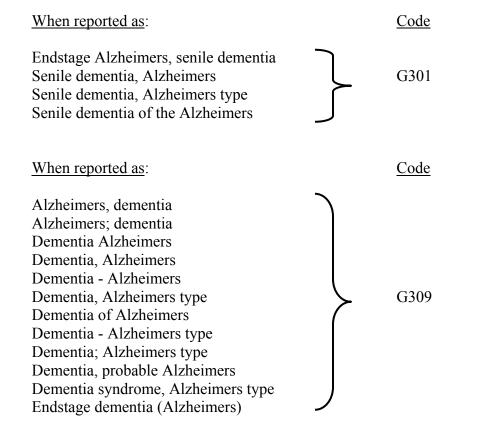
(4) If neither (1), (2) nor (3) apply, code the lead term without the modifier.

I (a) Adenomatous bronchiectasis

Code for Record
J47

<u>Code to</u> bronchiectasis NOS (J47). "Adenomatous" is not an index term qualifying bronchiectasis. Code bronchiectasis only, since there is no provision in the Classification for coding "other bronchiectasis."

b. Alzheimers dementia: Consider the following terms as one term entities and code as indicated:



2. <u>Multiple one-term entity</u>: A multiple one-term entity is a diagnostic entity consisting of two or more contiguous words on a line for which the Classification does not provide a single code for the entire entity but does provide a single code for each of the components of the diagnostic entity. Consider as a multiple one-term if each of the components can be considered as separate one-term entities.

I (a) Hypertensive arteriosclerosis

Codes for Record

<u>Code to</u> hypertension (I10). The complete term is not indexed as a one-term entity. Code "hypertensive" and "arteriosclerosis" as separate one-term entities.

**EXCEPTION:** When any condition classifiable to I20-I25 (except I250) or I60-I69 is qualified as "hypertensive," code to I20-I25 or I60-I69 **only**.

I (a) Hypertensive myocardial ischemia

Code for Record

I259

<u>Code to</u> myocardial ischemia (I259). Disregard "hypertensive" since it is modifying an ischemic heart condition.

C. Adjective reported at the end of a diagnostic entity

Code an adjective reported at the end of a diagnostic entity as if it preceded the entity. This applies whether reported in Part I or Part II.

I (a) Arteriosclerosis, hypertensive

Codes for Record

<u>Code to</u> hypertension (I10). The complete term is not indexed as a one-term entity. "Hypertensive" is an adjectival modifier; code as if it preceded the arteriosclerosis.

- D. Adjectival modifier reported with multiple conditions
  - 1. If an adjectival modifier is reported with more than one condition, modify only the first condition.

I (a) Arteriosclerotic nephritis and cardiomyopathy

Codes for Record I129 I429

<u>Code to</u> arteriosclerotic nephritis (I129). The modifier is applied only to the first condition.

#### M. Sex and age limitations

Where the underlying cause of death is inconsistent with the sex or appears to be inconsistent with the age, the accuracy of the underlying cause of death should be re-examined and the age and/or sex should be verified.

If the sex and cause are inconsistent, the accuracy of the sex entry on the death certificate should be determined through examination of name, occupation, and other items on the certificate. If the sex is determined to be incorrect, correct the data record. If the sex entry is correct but not consistent with the underlying cause of death, the death should be coded to "Other ill-defined and unspecified causes of mortality" (R99).

If the age and cause are inconsistent, the age should be verified by subtracting the date of birth from the date of death and the coded entry should be corrected. Care should be exercised in selecting the correct underlying cause of death in terms of age restrictions in ICD.

Detailed ICD category-age-sex cross edits are contained in the NCHS Instruction Manual, Part 11 (Computer Edits for Mortality Data). These edits are carried out through computer applications that provide listings for correcting data records to resolve data inconsistencies. These listings contain both absolute edits for which age-cause and/or sex-cause must be consistent and conditional edits of age-cause which are unlikely but acceptable following reverification of coding accuracy.

#### N. Interpretation of expressions indicating doubtful diagnoses

#### 1. Doubtful qualifying expressions

Conditions qualified by expressions such as "apparently," "presumably," "?," "perhaps," and "possibly" which throw doubt on the statement of cause of death are to be accepted as though no such qualifications were made. The rules for selection will be followed in determining the underlying cause, with no special preference given to conditions which are not qualified by these expressions. When a condition is qualified by "rule out," "ruled out," "r/o," etc., do not assign a code for the condition. When two conditions are reported on one line and both are preceded by one of these doubtful expressions, consider as a statement of either/or.

I (a) Hemorrhage of stomach K922
(b) Probable ulcers of the stomach K259

Code to ulcer of stomach with hemorrhage (K254).

2.	Inter	pretation	of	'eitheror.	''

a. When the condition is qualified by "either ... or ..." with respect to anatomical site, assign to the residual category for the group or anatomical system in which the sites are classified.

I (a) Cancer of kidney or bladder

Code for Record

C689

Code to malignant neoplasm of unspecified urinary organs (C689).

b. When the condition is qualified by "either ... or ..." with respect to sites in different anatomical systems, assign to the residual category for the disease or condition specified.

I (a) Cancer of adrenal or kidney

Code for Record

C80

<u>Code to</u> malignant neoplasm without specification of site (C80) since adrenal and kidney are in different anatomical systems.

c. When different diseases or conditions are qualified by "either ... or ...," and only one anatomical site/system is involved, assign to the residual category relating to the anatomical site/system.

I (a) Tuberculosis or cancer of lung

Code for Record

J9840

<u>Code to</u> disease of lung (J984). Both conditions involve the lung.

I (a) Stroke or heart attack

Code for Record

199

<u>Code to</u> Disease, circulatory system (I99). Both conditions are in the circulatory system.

d. When different diseases or conditions are classifiable to the same three character category with different fourth characters, assign to the three character category with fourth character "9."

Code for Record

I259

I (a) ASCVD or ASHD

<u>Code to</u> the residual category for ischemic heart disease (I259).

## Section IV – Classification of Categories

Code for Record

I (a) Angiosarcoma of liver

C223

<u>Code</u> angiosarcoma of liver as indexed.

Code for Record

I (a) Kaposi's sarcoma of lung

C467

<u>Code</u> Kaposi's sarcoma of lung to Kaposi's, sarcoma, specified site (C467).

C80 Malignant neoplasm without specification of site

Cancer

Carcinoma

Malignancy

Malignant tumor or neoplasm

Any neoplasm cross-referenced as "See also Neoplasm, malignant"

Code for Record

I (a) Carcinoma of stomach

C169

Code to carcinoma of stomach (C169) as indexed.

**C81-C96** Malignant neoplasms of lymphoid, hematopoietic and related tissue

Leukemia

Lymphoma

Code for Record

C859

I (a) Lymphoma of brain

<u>Code to</u> lymphoma NOS (C859). Lymphomas are coded by type and not by site.

## Section IV – Classification of Categories

#### B. Neoplasm stated to be secondary

Categories C77-C79 include secondary neoplasms of specified sites regardless of the morphological type of the neoplasm. The Index contains a listing of secondary neoplasms of specified sites under "Neoplasm." If a secondary neoplasm of specified site is reported, code to the morphological type, unless it is a C80 morphological type. If the morphological type is C80, code to the secondary neoplasm.

Code for Record

I (a) Secondary carcinoma of intestine

C785

Code to secondary carcinoma of intestine (C785).

Codes for Record

I (a) Secondary melanoma of lung

C439 C780

Code to melanoma of unspecified site (C439).

## C. Malignant neoplasms with primary site indicated

If a particular site is indicated as primary, it should be selected, regardless of the position on the certificate or whether in Part I or Part II. If the primary site is stated to be unknown, see Section H. The primary site may be indicated in one of the following ways:

1. Two or more sites with the same morphology are reported and one site is specified as primary in either Part I or Part II.

I (a) Carcinoma of bladder C791
II Primary in kidney C64

Code to malignant neoplasm of kidney (C64).

2. The specification of other sites as "secondary," "metastases," "metastasis," "spread" or a statement of "metastasis NOS" or "metastases NOS."

I (a) Carcinoma of breast C509
(b) Secondaries in brain C793

<u>Code to</u> malignant neoplasm of breast (C509), since another site is specified as secondary.

## Section IV – Classification of Categories

W75 Accidental suffocation and strangulation in bed

This category INCLUDES suffocation of infants "while asleep" NOS.

W78 Inhalation of gastric contents

W79 Inhalation and ingestion of food causing obstruction of respiratory

tract

W80 Inhalation and ingestion of other object causing obstruction of

respiratory tract

EXCLUDES conditions in the above categories when reported as the underlying cause of:

J180 Bronchopneumonia, unspecified, code Pneumonitis due to solids and liquids, J69.-

J181 Lobar Pneumonia, unspecified, code Pneumonitis due to solids and liquids, J69.-

J189 Pneumonia, unspecified, code Pneumonitis due to solids and liquids, J69.-

J69 Pneumonitis due to solids and liquids, code J69.-

#### X30-X39 Exposure to forces of nature

These categories INCLUDE accidents resulting directly from forces over which man has no control, but EXCLUDES those resulting indirectly through a second event which is classified to the causative agent involved in the subsequent accident.

Codes for Record

I (a) Drowned

T751 X37

- (b) Car which decedent was driving was washed
- (c) away with bridge during hurricane

<u>Code to</u> victim of cataclysmic storm (X37). The drowning was a direct result of the hurricane.

Codes for Record

I (a) Suffocation

T71 X36

(b) Covered by landslide

<u>Code to</u> victim of avalanche, landslide and other earth movements (X36).

Codes for Record

I (a) Suffocated by smoke

T598 X00

- (b) Home burned after being
- (c) struck by lightning

<u>Code to</u> exposure to uncontrolled fire in building or structure (X00). Category X33 includes only those injuries resulting from direct contact with lightning.

Codes for Record

I (a) Ruptured diaphragm S278 (b) Driver of auto which struck V475

(c) landslide covering road

<u>Code to</u> car occupant injured in collision with fixed or stationary object, driver (V475).

X40-X49 Accidental poisoning by and exposure to noxious substances

#### 1. Poisoning by drugs

a. When the following statements are reported, see Table of Drugs and Chemicals for the external cause code and code as accidental poisoning unless otherwise indicated.

Interpret all these statements to mean <u>poisoning</u> by drug and code as poisoning whether or not the drug was given in treatment:

drug taken inadvertently
lethal (amount) (dose) (quantity) of a drug
overdose of drug
poisoning by a drug
toxic effects of a drug
toxic reaction to a drug
toxicity (of a site) by a drug
wrong dose taken accidentally
wrong drug given in error

Male, 2 years	Codes for Record	
I (a) Overdose of aspirin	T390 X40	
(b) Flu and cold	J1110 J00	
(c)		
II Aspirin given for fever - 10 days	T390 R509	

<u>Code to</u> X40, accidental poisoning by and exposure to nonopioid analgesics, antipyretics, and antirheumatics.

#### **APPENDIX G**

## **Terrorism Classification (\*U01-\*U03)**

#### Terrorism----continued

- mortar bomb (explosion) (fragments) U01.2
- mustard gas U01.7
- nerve gas U01.7
- nuclear weapons U01.5
- pellets (shotgun) U01.4
- petrol bomb U01.3
- piercing object U01.8
- phosgene U01.7
- poisoning (chemical) (fumes) (gas) U01.7
- radiation, ionizing from nuclear explosion U01.5
- rocket (explosion) (fragments) U01.2
- saber, sabre U01.8
- sarin U01.7
- screening smoke U01.7
- sequelae effect (of) U02
- shell (aircraft) (artillery) (cannon) (land-based) (explosion) (fragments) U01.2
- - sea-based U01.0
- shooting U01.4
- - bullet(s) U01.4
- -- pellets(s) (rifle) (shotgun) U01.4
- shrapnel U01.2
- smallpox U01.6
- stabbing objects(s) U01.8
- submersion U01.8
- torpedo U01.0
- underwater blast U01.0
- vesicant (chemical) (fumes) (gas) U01.7
- weapon burst U01.2

# **APPENDIX G**

# **Terrorism Classification (\*U01-\*U03)**

PLACE 5 MOD	Date of death I (a) Burns (b) Terro II		T300 &U011
Н	Homicide	The Pentagon	Date of injury 9/11/2001
		orism involving destruction ident an act of terrorism.	on of aircraft. The FBI declared the
	Date of death	n 9/11/2001	
PLACE 5	I (a) Chest (b)	t trauma	S299
<u>MOD</u>	· /	ade Center Disaster	&U011
Н	Homicide	World Trade Center	Date of injury 9/11/2001

Code as terrorism involving destruction of aircraft. The FBI declared the World Trade Center incident an act of terrorism.