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National Health Survey

Medical Coding Manual and The Short Index

Revised July 1, 1962

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

**PUBLIC HEALTH SERVICE
NATIONAL CENTER FOR HEALTH STATISTICS**

In Cooperation with the Bureau of the Census

ADDITIONAL ITEMS FOR THE SHORT INDEX

Add or
insert
on
page:

The following, in alphabetical and index order:

- 149 "ureter 603.1" under "Bleeding"
 "NEC, and not due to injury 716" under "Blister"
- 150 "Cast in eye 384"
 "CVA (cerebrovascular accident) 331; see also App. III, 330-334"
 "Cholesterol, abnormal (high) 788X**"
 "(with teething)" to parenthetical phrases after "Cold"
 "chronic 502.1" indented, under "Cold, chest, acute"
 "Congestion, chest 527.2"
- 151 "Croup 474
 chronic 516"
 "Cystic fibrosis (pancreas) (lung) 587.2"
- 153 "fibrocystic (pancreas) (lung) 587.2" under "Disease"
- 154 "Double jointed: code by site under "ORTH IMP"
 "Dry skin 710.1"
 "Fibrosis, cystic (pancreas) (lung) 587.2"
- 156 "Hemorrhage: see Bleeding"
 "Hoarseness, -3 mos 783.5
 3 mos+ X11"
 "chest, NEC 527.2" under "Infection"
 "and bladder 600.0" under "Infection, kidney"
 "nerves--see Neuritis" under "Infection"
- 157 "eyes 388" under "Itching"
 "Jungle rot 131"
- 159 "with hypertension 443" under "Myocarditis"
- 160 "(lower, NEC)" to parenthetical phrases after "ORTH IMP, back"
 "collar bone X79" under "ORTH IMP"
 "groin X79" under "ORTH IMP"
 "and back X70" under "ORTH IMP, neck"
 "and shoulder X78" under "ORTH IMP, neck"
 "end of X72" under "ORTH IMP, spine"
 "groin 787.7**" under "PAIN"
 "intestines (any part) 785.5" under "PAIN"

ADDITIONAL ITEMS FOR THE SHORT INDEX--Continued

Add or
insert
on
page:

The following, in alphabetical and index order:

- 161 "rectum 785.5*" under "PAIN"
 "or vocal cord" after "PARALYSIS, 3 mos+, larynx"
 "shoulder X49" under "PARALYSIS, 3 mos+"
- 162 "Postnasal drip 517"
 "Precancerous growth, skin, NEC 711"
- 163 "diaper 703.6" under "Rash"
 "eyelids 388" under "Rash"
- 164 "upper (thigh) 843" under "SPRAIN, STRAIN, leg"
 "If described as "permanent", see Deformity"
 following the Note, under "Stiffness"
- 165 "with cold 470" under "Teething"
 "mouth 536" under "Ulcer"
 "tooth 531.2" under "Ulcer"
- 166 Change "773.0" to "773.5" after "with immaturity"
 under "Underweight, -1 yr. (infants)"
 "retention of 786.1" under "Urine"
 "joints, -3 mos 787.3**; under "Weak, weakness"
 "limbs, -3 mos 787.1**", under "Weak, weakness"
- 167 "lower (forearm) 881" under "WOUND, OPEN, arm"
 "knee, one 891
 both knees 901", under "WOUND, OPEN"

PREFACE

I. Revision, July 1, 1961

The present revision of the Medical Coding Manual differs little, in essentials, from the previous issues. No basic code numbers have been changed, but the content of various categories has been altered, as shown in Appendix I and Appendix III.

The document called "Supplement I", dated December 1, 1959, should now be destroyed since its contents have been incorporated in the present revision or have become invalid. Copies of the revision of July 1, 1958, and certain revised pages issued July 1, 1959, may be filed for historical reference purposes only, but as of July 1, 1961 they are superseded by the current revision.

Medical coders are advised to read the present revision from beginning to end, refreshing their memories and noting differences between past and present instructions. Editing responsibilities are stressed. Instructions for coding strokes and their effects, and for determining the activity of rheumatic fever, are revised. "Troubles", in general, are preferred over symptoms. Certain types of poisoning are clarified. Certain classes of impairments have been modified. Considerable detail has been added to assist coders and supervisors in judging problem cases, particularly in the areas of symptoms, ill-defined troubles, and impairments.

II. Previous Revisions

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

Certain detail, used by NHS in the first year, was eliminated. For example: allergic manifestations other than hay fever or asthma, were collected under 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.

III. Effect of Coding Changes on Incidence and Prevalence Figures

It is believed that changes in medical coding rules have had little or no effect on the total counts of acute and chronic conditions. The trend in coding has been toward the elimination of certain fine details of site and type, and the prevention of overcoding when a person has multiple sites affected by the same disease or injury, or multiple effects due to the same cause. Otherwise the general medical coding plan for diseases and the nature of the injury has remained about the same throughout the years from July 1, 1957 until the present time.

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SECTION I. INTRODUCTION AND ORIENTATION GUIDES

- A. Description of the National Health Survey The National Health Survey, now starting its fifth year, is a continuing national survey based on interviews conducted by the Bureau of the Census. The Survey, over the course of a year, includes households located in every one of the States and the District of Columbia.
- Data collected provides 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. Such information has not been available on a comprehensive basis since the National Health Survey of 1935-36. In the years since then great changes have taken place in the population of the United States. Returning prosperity, two wars, the "wonder" drugs—all have had their effects. Health programs, both public and private, health and hospitalization insurance plans, medical research efforts—all are rapidly increasing in scope; yet the effects of all these factors upon the health of the nation cannot be measured. It is in recognition of this, and the pressing need for current reliable data, that the Congress authorized the National Health Survey. The Survey has the support of State and local health departments, physicians and other medical groups, and many other organizations throughout the country.
- The Survey is sponsored by the United States Public Health Service, which is a part of the Department of Health, Education, and Welfare. At the request of the Public Health Service, the Bureau of the Census conducts the interviewing. The Bureau also performs all 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 The 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.

SECTION I. ORIENTATION GUIDES

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.

The Short Index must be consulted first. If the term is not listed, use Volume II, the Alphabetical Index of International. The asterisk after a code in the Short Index indicates that some change has been made in that category as listed in Appendix III. The asterisk, however, is not applied to the numerical code when it is entered by the coder on the questionnaire or other recording form.

SECTION I. ORIENTATION GUIDES

E.	<u>Abbreviations and References</u>	To save space in the Manual hereafter, and in the Short Index, abbreviations are used freely.	
1.	Organiza-tions	NHS PHS WHO	National Health Survey Public Health Service World Health Organization
2.	Classifi-cations and ref-erences to them	ICD N-Code E-Code Y-Code X-Code Vol. I Vol. II 001-779 780-799 800-999 X00-X99	International Classification of Diseases Nature of Injury Classification of ICD External Cause of Injury Classification of ICD; not used for NHS Supplementary Classifications of ICD; not used for NHS X-Code for Special Impairments (X00-X99) Tabular list of ICD Alphabetical Index of ICD 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. The span of numbers for certain symptoms. The span of numbers for injuries. 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.	Parts of the ques-tionnaire and booklet	Col Cols Table I Table II Table A Card A Card B Card C	Column Columns Contains facts about diagnoses, medical care, disability, dates first noticed, etc. Where hospital admissions are recorded. Contains facts about where, how, and when an accident happened. The list of chronic diseases read to the respondent. The list of selected impairments. The list of "symptoms" for which the interviewer asks the cause.
4.	Time of onset of a condi-tion	Onset -3 mos 3 mos+ -2 wks -12 mos 12 mos+	When a condition started Within past 3 months 3 months ago or longer Within past 2 weeks; "last week or the week before" Within past year 1 year ago or longer

E. Abbreviations—

Con.

5. Age of person ICD classifies certain diseases according to age:

-4 wks	Infants under 4 weeks of age
4 wks+	Persons 4 weeks of age or older
-1 yr	Infants under 1 year of age
1 yr+	Persons 1 year or older
-65 yrs	Persons under 65 years of age
65 yrs+	Persons 65 or over

6. Other abbreviations in Manual and Short Index NOS Not otherwise specified, or so stated-in reference to a medical term.

NEC Not elsewhere classified in a particular listing or some other place in the various classifications - in reference to a medical term.

App. Appendix

ORTH IMP Orthopedic impairment of the lesser kinds in X70-X79 - not paralysis and not deformity; "see ORTH IMP," in the Short Index, is a referral to the listing under Orthopedic Impairment NEC.

OP Operation: "see OP NEC" is a referral, in the Short Index, to the listing under Operation, NEC.

F. Training Preliminary to Coding

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

F. Training Preliminary to Coding—Con.

1. ICD 3-digit categories Review the listing on pp. 3-25, and 32-38, of Vol. I. This will give some idea of the large number of conditions that are possible with their technical medical names, and how they are grouped as to type or the system of the body. The E-Codes and Y-Codes of ICD are not used by NHS.
 2. Comparing the Tabular List, Vol. I, with Appendix III The Tabular List begins on p. 43 of Vol. I. Note the explanations on p. 44. Read the explanatory notes for Appendix III. Next, compare each category listed in Appendix III with that category as listed in Vol. I, Tabular List, beginning with 002 and continuing through to 999, noting statements beginning "For NHS" . . . ; these tell in what way the NHS method differs, or call attention to some provision that is especially important for NHS. This first reading is also intended to acquaint the new coder with more detailed kinds of diagnoses, both in the technical language of Vol. I and the more common kinds of terms discussed in Appendix III. Note particularly, and memorize, or write out on a card, the following 4th digit subdivisions used by NHS but 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 NHS this number should be 254.1, since it is not classifiable to NHS 254.0.

F. Training Pre-
liminary to
Coding—Con.

3. Vol. II

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

Attention is called to the special use of 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 NHS rules for coding neoplasms are in Appendix III (140-239).

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

4. Appendix II

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

5. Appendix I

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

6. Summary

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

A. General Description of Medical Coding

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

The medical coders translate the medical data into codes which are to be transcribed to document sensing cards. There are 4 types of such cards, as follows, but the medical coders are concerned only with 3 and 4:

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

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

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

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

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

The MCQ makes all of her entries on the Questionnaire and does not handle the cards. The MCC makes certain entries on the questionnaire and fills the ovals of the cards also if a person has one or more codable conditions, and/or one or more hospital admissions. For each card needed, the MCC fills the oval in Col. 1, leaves Cols. 2-10 blank, and writes in, in the extreme right margin, the PSU, Segment, and Serial number shown in items 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 NHS nosologist. When a diagnostic code on the questionnaire differs from that on a card this fact is recorded by the Comp. DCC on NHS Form 715. Form 715 is a report of diagnostic coding differences, per work unit; the supervisor examines each case listed, and decides what the correct code should be.

B. Use of Colored Pencils

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

- a. A green pencil is used: (1) to line out entire lines of conditions in table I that are to be deleted and not coded in any way; and (2) to call attention to certain errors made by the interviewers.
- b. A purple pencil is used by the MCQ only, for one purpose only. If an interviewer error, of the type in the Census-issued "List of Error Codes for Illness and Injury Entries," is noted by the MCQ, the MCQ selects the proper code for it and enters it, in purple pencil on the questionnaire, according to Census Bureau instruction. When, later, the Comp. DCC sees such an entry on the questionnaire, she checks it for accuracy and enters it, in black pencil, in the proper ovals, as applicable, in either cols. 37,38 of a Condition Card or Cols. 13,14 of a Hospital Card. If no error code of this type is applicable, XX is used on the card. The code for an error of this type is referred to also as an "inadequacy" code. Note: The MCC has no part in the application of this "inadequacy" code. When the columns headed "Inadequacy or Dummy Code" are to be filled for "missed" conditions, proceed as in C, d, below.
- c. A red pencil is used to make all other entries on the questionnaire, including lining out conditions that are to be merged with other conditions.

C. Basic Steps
Step 1:
Editing, and
Checking for
Interviewer
Errors

The medical coder, of any class, should first examine carefully all parts of the questionnaire. Proceed as follows:

- 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:
Editing, and
Checking for
Interviewer
Errors--Con.

b. Check the column number of the person. The questionnaire has space for 6 household members, one column for each, with the numbers (1), (2), etc., at the right of each column. 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 in Col (b): Look at the entry in Col (b) to see that it agrees with the questionnaire item that produced the diagnosis - usually questions 8-17. If a wrong number has been entered, correct it in green pencil. If a footnote says the diagnosis was volunteered and did not come from any question, or that it came from some standard and permanent part of the questionnaire other than questions 8-17, enter "XX" for the question number, using red pencil. However, if a diagnosis was picked up only from a supplementary item, such as questions 18-20 of the July 1, 1962 questionnaire, delete that diagnosis entirely, regardless of what it may be.

If a diagnosis in table II is derived from questions 15-17, and the interviewer has entered this diagnosis in table I, also, from table II, but has entered "table II" in Col (b) of table I, change "table II", in red pencil to the question number shown in table II.

The MCC will also fill the proper ovals in Cols 13,14 of the Condition Card for the correct question number for any codable condition in table I. The Hospital Card has no columns for question number.

C. Basic Steps--Con.

Step 1:
Editing and
Checking for
Interviewer
Errors--Con.

d. "Dummy" Codes and Cards: These refer to "missed" conditions--i.e. conditions that the interviewer should have entered in tables I or II, but which are missing in those tables. All medical coders must watch for omissions of this kind. The MCC makes cards for these missed conditions but fills only Col 1, the right margin, and certain other columns as shown below. These "dummy" cards are excluded from NHS total counts of conditions and hospitalizations; their purpose is to record interviewer omissions of this nature.

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

If table II shows a stay for an impairment or a condition on Card A, or a stay for any illness in the past 2 weeks, BUT this condition is missing in table I, both the MCQ and the MCC will place a green check after this diagnosis in table II. The MCC enters this missed diagnosis in Cols 16-19 of a Condition Card, enters "OX" in Cols 37, 38, and fills also Cols 11-14. The question number must be the question number shown in table II.

A dummy Condition Card with "OO" 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.

2. Conditions missing from table II: Watch for entries in questions 15-17, or other places, that indicate that the person was hospitalized one or more times in the past year, but table II does not have an entry for this. Effective July 1, 1962, first consult the supervisor; she will judge, from the facts, whether, and how, an entry in table II can be supplied. If she decides that this is not possible, and that the case must be treated as a "missed" hospitalization, both the MCQ and the MCC will place a green check beside the item in 15-17, or elsewhere, that indicates a missed hospital stay. The MCC will make a dummy Hospital Card, entering "OO" in Cols 13, 14.

See also Step 5, a, for special checking for hospitalizations.

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

- e. Inadequacy Codes: See B,b, above. 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 a table A has been filled. See Section VII for coding injuries and accidents.
- h. For editing days of disability, see Step 6.

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

- a. Judge whether a condition in table I is acute or chronic according to instructions in Section III of this Manual. Enter in Col (aa) of table I the following:
1, if chronic; 2, if acute
The MCC will also fill the proper oval in Col 42.
- b. Watch for conditions that can be lined out and not coded in any way, but be sure all specifications are met.
 - 1. Acute conditions in table I with neither medical care nor cut-down of activity: If Col (c) is "no", and both Col (e) and Col (f-1) are checked,- and there is no evidence of hospitalization, or any kind of medical care, or of restricted activity days,- line the condition out in green pencil.
Effective July 1, 1962, if Col (c) is blank or DK, do not line out the condition. When filling Col 15 of the Condition Card (for whether or not a doctor was seen) the MCC will fill the "V" oval if Col (c) of the questionnaire is blank, or the "DK" oval if Col (c) is DK. If Col (c) is not "yes", but can be edited to "yes" because of other evidence that the condition was seen by a doctor, fill the "yes" oval. In doubtful cases, consult the supervisor.
 - 2. Certain chronic conditions in table I, corrected by surgery prior to the past year, may be deleted, provided there is no present effect, and no present activity restriction or limitation in the past 2 weeks or in the past year, and with blank in Col (s). See Section IV for further details.
 - 3. Watch for acute-type conditions, in table I, such as "swallowed poison", or "pneumonia", with no days of cut-down in past 2 weeks, which have been brought back by the interviewer from table II to table I, in error, with the question number in table I seen to be 15-17. Condition of this type, and others not closely related to conditions on cards A or B, with no days of disability in the past 2 weeks, may be deleted in table I; but consult supervisor first.
 - 4. Conditions picked up from special supplementary items such as questions 18-20: delete. See also Step 1, C.
 - 5. Stays in table II for well newborn babies: line out in red pencil. Do not delete stays for prematurity or any abnormality.

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.

C. Basic Steps--Con. Step 3--Con.

- 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 26-29 of a Hospital Card.

The MCQ writes her diagnostic codes on the questionnaire as follows:
In table I: If the diagnostic statement in a line requires only one code, enter it in Col (d-1) above the interviewers statement; if it requires a second code, enter it in Col (d-2); if a third, in Col (d-4). 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 (m), but entering "2", acute, in Col (aa) of the new line, and leaving Cols (n) through (s) 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.**

C. Basic Steps--Con.

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

a. Special Checking:

Effective July 1, 1962, all medical coders are instructed to check carefully all entries in questions 15-17, and in Cols (c) - (g) of table II. If "yes" has been checked in questions 15 and/or 16, verify that there is an entry for that person in table II for each time mentioned. If question 17(c) is "yes", and the date in question 17(d) is since the date stamped in question 15, there should be lines of table II filled for mother and infant. (Note: The hospital experience for the mother is always coded; births of well newborn infants are not coded, but if the infant is premature or stays for any abnormality, such stays are coded.)

Cols (c) through (g), table II, 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 15 and the week of interview.
2. Checking that the date of admission is not after the date of interview.
3. Checking 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. Verifying that entries in Col (f) (nights in the past 2 weeks) are consistent with Cols (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).
5. Verifying the correctness of the entry in Col (g) by the entries in Cols (c) and (d).
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 30-36 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 30 of a Hospital Card.

If one or more operations were performed, code each as instructed in Sections VIII and IX. The MCQ enters these, separated by dashes if multiple, at the right of Col (i). The MCC uses Cols 31-36 of the Hospital Card, according to whether one or more operations were done. If no operations were performed, Cols 31-36 will be blank, and the code in Col 30 will be "2".

c. Codes for Cols 15-19, 21-25, 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 15-18. If any entry is "blank" or "DK", refer to supervisor. Also refer any date prior to January 1, 1956.

Interviewer error: Transcribe a "V" in Col 19 if the interviewer has failed to record entries in one or more of the month, day, or year columns in Col (c). Exceptions: An entry of one month or another (e.g. "March or April"), or a season of the year, is acceptable for "month"; in these cases the "day may be blank." An entry of part of the month (e.g. "first part", or "near the end") is acceptable for "day".

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.

Interviewer error: If Col (d) is blank (no DK or footnote) transcribe a "V" in Col 25 of the card.

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 and General Coding Manual, July 1, 1962, pages H-5, H-6.

C. Basic Steps--Con.

Step 6: Recording Disability and All Other Items in table I:

Effective July 1, 1962, this step is expanded considerably in order to include procedures to be followed by the MCC as well as the MCQ.

a. Editing Responsibilities with Respect to "Days".

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

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

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

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

If you judge that a condition should be coded as chronic, but the interviewer has stopped at Col (aa), contrary to her instructions, adjust for the blanks beyond (aa) in green pencil, entering in (n) and (o) the number of days shown in (h), and fill (p) as "yes", if you know from table II or elsewhere that the person had been hospitalized for this condition; otherwise enter "DK" in (p). Use red pencil to make these adjustments if the condition was checked as having its onset -3 mos, and the interviewer could not have recognized the condition as one which would be coded chronic.

If you judge that a condition should be coded as acute, but the interviewer has carried it beyond Col (aa), strike out the entries beyond Col (aa) in red pencil, but use the data to edit, if necessary, the bed-days in the past 2 weeks. All lines of table I must be in order with respect to deletion, "merging", and consistency before condition-days, person days, or any other facts can be recorded.

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

The MCQ edits each line but does not enter the number of condition days on the questionnaire. The MCC edits and also takes into account Cols (e) — (j) for every codable condition, acute or chronic, to determine the proper entries for Cols 30-35 of every Condition Card she makes (excluding "dummy" cards).

Cols 30-35 are for days, in the past 2 weeks, of "cut-down", of being kept in bed, and of time lost from work or school. These facts are derived from Cols (g) through (j) of the questionnaire. These Cols can show "none", "DK", or any number from 1 to 14. They should never show more than 14. If 14+, transcribe as 14. If "DK", transcribe as "DK". If "none", transcribe as "00". If blank, transcribe as "00" unless all of the Cols (g) - (j) are blank; if all are blank, see below. Note: "Time lost", for Cols 34, 35 (from Cols (i) or (j)) is transcribed according to the age of the person and whether he works or goes to school. If the person is 6-16, and works in addition to going to school, transcribe in Cols 34, 35 only the days lost from school, ignoring any days lost from work. If the person is 17 years or over, and goes to school in addition to working, transcribe in Cols 34, 35 only the days lost from work, ignoring any days lost from school. If the person is under 6 years, fill the "under 6 yrs." oval.

When Cols (g) — (j) are all blank:

Look at Cols (f-1) and (f-2):

If (f-1) is checked, transcribe "00" in Cols 30, 31 and leave Cols 32-35 blank.

If (f-2) is checked, transcribe "DK" in Cols 30, 31, and "00", "00" in Cols 32, 33 and 34, 35.

If blank in (f-1) and (f-2), transcribe "00" in Cols 30, 31, and leave Cols 32-35 blank.

If Cols (f-1) and (f-2) are DK, inspect Cols (e) and (f):

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

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

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

If the interviewer has omitted or handled improperly any part of Cols (e)-(j) of the questionnaire, transcribe as "V". Do not charge as error if "DK" or covered by footnote. Do not charge as error if Col (h) is adjusted from Col (o).

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-5) of the last line of multiple lines for a person. If the person had no days of any kind of disability in past 2 weeks on all of his lines, "00-00-00" will be entered. The MCC records the number of person-days of disability in the past 2 weeks in Cols 23-28 of the first of one or more Condition Cards she fills for each person, but leaves Cols 23-28 blank on the others of multiples for this person.

Cols 23, 24 (the first 2 digits) are for person-days of "cut-down"; computed from Col (g); Cols 25, 26 (the next 2 digits) are for person-days in bed, from Col (h); Cols 27, 28 (the last 2 digits) are for person-days of time lost, computed from Col (i) OR (j). If a person had no days of any kind of disability in past 2 weeks, Cols 23-28 will have "00-00-00".

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

Examples: Adding Person-days of "Cut-down", past 2 weeks

1):	Col (g)	2):	Col (g)
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>
	<u>=10</u>		<u>= 4</u>
<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 these other kinds of disability days for this person.

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

d. Person-days of disability, past 2 weeks--Con.

In no case must the result total more than 14 days.

If it does total more than 14, code only 14 days. In rare cases in which a new line has been made, as in Step 3c, do not include the days of disability entered there since these must all be overlapping days for this person.

Next, look at Col (h) for all of a person's lines. If there are bed-days, add them in the same manner as shown for Col (g), above.

Add the school-loss days, if any in Col (i), in the same manner. This column applies only to persons aged 6-16. If it is known that he lost days from high school or college and is over 16, such days are not to be counted as school-loss days; and, in fact, are not counted in any way. If he is 6-16 or under, but cannot or doesn't go to school, nevertheless count these as days lost from school. If 6-16, col (j) should be blank.

If the person is 17 years or over, add the work-loss days. If 17 or over, Col (i) should be blank; in any event no person 17 or over will have school-loss coded, and no person under 17 will have work-loss coded. If the person is 17 or over, and reports days lost from work in the past 2 weeks count these as work-loss days, regardless of the entry in the box opposite question 7, above Table I. The interviewer asks Col (j) for all persons 17 years or older, regardless of the age or sex of the person.

If the person is under 6 years of age, the MCC fills the "under 6 years" oval in Col 27; the MCQ, however, will write "00" on the questionnaire, as the 5th and 6th digits, for the person-days in past 2 weeks when the person is under 6 years of age.

Special provisions:

In computing the person-days in past 2 weeks, in any of the 3 groups ("cut-down", bed, time-lost), when some of the conditions show "DK", "none", or blank in Cols (g) - (j) of the questionnaire:

- a. If any of the conditions shows 1 or more days in a group, but the others are "DK", "none", or blank, use the 1 or more days for that group.
- b. If no condition has 1 or more days in a group, but at least one has "DK", code "DK" for that group. This applies when all the others in that group are blank, "none", or "DK".
There should never be a problem when all groups for all conditions are blank, if instructions for Condition-Days in Step 6, b have been followed.

C. Basic Steps—Con., Step 6—Con.

e. Date of Onset: Look at Cols. (k) (l) (m). Both the MCQ and the MCC will need this information in performing certain other steps in the coding process. However, only the MCC records the interviewer's entries here using Col 41 of every Condition Card made.

Fill the "before 3 months" oval if Col (k) has been checked properly and consistently. If Col (k) is checked, then Cols (l) and (m) should be blank, and there should be entries beyond Col (aa).

Fill one of the next 3 ovals, as indicated from the entry in Col (m), if Col (m) has been filled, and Col (l) has been checked. If the condition is acute, as defined later, there should be no entries beyond Col (aa).

If (k) and (l) are both blank, but (m) has a box checked fill the oval indicated--i.e., "last week", "week before", or "before 2 weeks".

If (l) is checked, and (m) is blank, "DK" or "NA", fill the "DK" oval.

If the date of onset is not stated, or is inconsistent, but can be determined from any other available data, edit Cols (k) (l) (m), in green pencil, and fill the ovals as determined. If, after editing, you find that (k), (l) and (m) must remain blank, fill the "Y" oval, and if all must remain "DK" or "NA", fill the "DK" oval.

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

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

g. Condition bed-days in past 12 months. The MCQ makes no entry on the questionnaire about bed-days in the past year if a person has only one chronic condition, but the MCC must fill Cols 43-45 for every Condition Card made for a chronic condition for this person. First, both the MCQ and the MCC must edit each line for consistency as shown in Step 6a of this Manual, checking Col (o) against Col (h). If "none" is checked correctly in Col (n), transcribe "000". If days are entered, transcribe as 3 digits. Days in (n) cannot exceed 365. If more than 365, code as 365. If 365 is in (n), Col (h) should be 14.

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

C. Basic Steps—Con. Step 6—Con.

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

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

When there are multiple chronic conditions both the MCQ and the MCC will proceed as follows:

Be sure that each separate line has been edited, as mentioned earlier. Look at Col (n) for all chronic conditions. If there have been any bed days in past year, add them together if they do not overlap. If they overlap, use the rules used in computing person-days of "cut-down" in past 2 weeks shown in Step 6, d of this Section.
Total days should never exceed 365. If more than 365, use 365.
If all lines say "none" or blank code "000". If all say "DK", code "DK". If any shows 1 or more days, but others are "DK", "none", or blank, use the 1 or more days.
If no condition has 1 or more days, and at least one is "DK", code DK. This applies when all the others are "DK", "none", or blank.

C. Basic Steps--Con. Step 6**i. Limitation of Activity: Cols (q), (r), (s), of the questionnaire:**

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

Fill the ovals in Col 49 indicated, from Col (q).

If (q) is blank, but should have been filled, fill "V" in Col 49.
If (q) is "DK", fill "DK" in Col 49.

If (q) is "4", "V", or "DK", leave Col 50 blank. On each Condition Card with a 1, 2, or 3 in Col 49, transcribe as "yes" in Col 50 only for those that have "X" in Col (s). For all other conditions with blank in (s) transcribe as "no". If 1, 2, or 3 in (q) and blank or "DK" in (r) and (s) transcribe as "V" in Col 50.

Exception: If the person has only one chronic condition, and (r) is "yes" and (s) is blank, edit and fill the "yes" oval in Col 50. If the person has more than one chronic condition, and all are blank in (s) with "yes" or "no" checked in (r) for every condition, edit and fill the "yes" oval in Col 50 for those that are "yes" in (r), and the "no" oval for those that have "no" in (r).

j. Interviewer Error: The MCC transcribes "V" in Col 63, if Col (k) is checked, or the condition is on Card A, or is an impairment and:

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

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

k. Was the person hospitalized for this chronic condition? Look at Col (p). Every chronic condition ("1" in Col (aa)) should have an entry in Col (p) - "yes" or "no". The MCC fills the "yes" or "no" oval in Col 71. If (p) is blank, fill the "V" oval.

- 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; retrobulbar 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, except stones	error, or retrolental fibroplasia
Skin trouble	Trouble or stiffness, back or limbs
Mental or nervous trouble in 327	Speech defects or trouble

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

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

D. "Acute" Defined

For NHS, an acute condition is defined generally as any condition not included in B, above, and one of usually short duration with onset -3 mos; it includes also conditions in C, above, if they are -3 mos. Acute conditions are coded "2" in Col (aa). An acute condition must have either medical care or restricted activity, or both, in order to be included. 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. Checking for Bed-days,
after Col (aa)

If you use "2" in Col (aa) of a line, and there are entries beyond (aa), strike out such entries in red pencil. If "1" is assigned in Col (aa), and days beyond (aa) are missing because the interviewer has not followed instructions, use green pencil to adjust for days that are known, from Col (h) or table II, or, if no days are known, enter zero days, not "DK" nor "NA". If the disease is -3 mos, and not on check lists, and you have assigned "1" in Col (aa), use red pencil to adjust the days. See also Section II, Step 6.

F. 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 ,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. "Tonsils removed" in table II and also in table I: If the tonsil operation was done in past 2 weeks, and person is recovering in table I, perhaps with some pain or soreness, in the throat or neck, code 510.0 in table I, with "1" in Col (aa); however, if onset of original tonsil or throat condition is known to be in past 3 months, code it as acute, and use the code number for acute. If tonsillectomy is done for some specified disease, not codable to 510.0, use the code number for it, and code Col (aa), in table I, according to the best information about 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-4). 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-4) about the kind of an ill-defined trouble in (d-1), prefer the condition in (d-1). In all situations reflecting respondent uncertainty—particularly as to causes and kinds, and you are not sure how to judge, consult the supervisor.

C,1 "Overcoding",
"Undercoding" There are certain provisions for using one code when 2 or more related sites or diseases are involved, or when 2 or more sites are affected by the same disease. If the code for 2 diseases is the same, or if they are within the same 3-digit category, but have different 4th digits, use only one of these per person. For example, if the person has hay fever and rose fever, code 240 only; or if he has one or more defects in 754, or in 744, code only one of these according to which creates the most disability, or is the more specific. To use separate codes when one is sufficient, is called "overcoding"; to fail to code separately those conditions that do not combine or reduce to one code, is called "undercoding".

- C,2 "Arrested",
"Inactive",
"Corrected"
Chronic
Conditions
in (d-1) or
(d-2), Table I
- a. Arrested or inactive tuberculosis, in (d-1) or (d-2), is always coded, to 009.
 - b. Rheumatic fever in (d-1) or (d-2), inactive in the past year is to be coded to 403. See also App. III, 403.
 - c. Infections, not in a or b, above, and reported in (d-2) as the cause of impairments, and which do not have a line of their own: consider these to be inactive; code the impairment with the proper 4th digit but don't code the infection separately.
 - d. Chronic diseases, except as in a or b above, are sometimes reported as "arrested" or "inactive". Effective July 1, 1962, the procedure is restated as follows:

Ignore these modifiers and code the disease as if active and present now or in the past year, except when the report states that there was surgery to correct the condition more than 1 year ago. In such cases proceed as follows:

If some present effect is mentioned, code it only. If no present effect is mentioned, but Col (f) or Col (s) is checked on this line, code the chronic disease.

But if this "arrested" disease has caused no "cut down" in past 2 weeks, and does not limit the person's activities now, and has no stated present effect, it may be deleted.

If corrective surgery was done in the past year, the chronic disease is always coded. If there is no information about surgery at any time, code "arrested cancer," "arrested glaucoma," etc., as if the chronic disease were active.

D. "Symptoms,"
Card C

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

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

- E. Coding "Symptoms", and "Troubles," and Their Causes For "nerves" or nervous or mental trouble due to various causes, and conditions which are due to "nerves," see item H, below.
- Items E, F, G in the earlier Manual are combined under E in this revision.

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

For symptoms and "troubles," which if 3 mos+, are codable to the X-Code, as impairments, see Section VI, as revised and expanded, effective July 1, 1961. If such symptoms are -3 mos, use the rules below.

1. Symptoms due to:

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

2. Multiple symptoms, unknown cause, same line:

Examples are:

- Acid stomach (544.0) and indigestion (544.2).
- Dizziness (780.6) and upset stomach (544.2).
- Nausea (544.2) and diarrhea, -3 mos, age 2 yr+ (571.1).
- Fever (788.8) and cough (783.3).
- Pain in heart (782.0) and heart beats fast (433.1).
- Headache (791) and toothache (534).
- Backache -3 mos (787.5) and headache (791).
- Bleeding of gums (535) and mouth (538).
- Pain in head (791) and eye (388).

- E. Coding
"Symptoms,"
and "Troubles,"
and Their
Causes--
Con.
- If 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 stiff back: code X70.
 - f. If none of these selecting guides seem to apply, take the first one mentioned.

3. "Troubles," kinds, and causes:

The interviewers try, at Col (d-4), 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.

Effective July 1, 1961, if (d-4) does not produce a specific disease name, and (d-2) adds nothing, prefer the "trouble" in (d-1). See also H, below. Consider the "cause" in (d-2) in coding.

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

Con.

4. Examples in coding symptoms and troubles:

(d-1)	(d-2)	(d-4)	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.		coughs; 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	hands shake	322.X
Nervous trouble	DK		327.X
Weakness and nervous	old age		794 X
Indigestion	old age		544.2
Headache	nerves		791 X
Thyroid trouble		feels jumpy	254.0

F. See E, above

G. See E, above

H. Nervous or Effective July 1, 1961, instructions for coding nervous and
Mental mental conditions are restated as follows.
Trouble

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

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

H. Nervous or
Mental
Trouble--
Con.

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

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

Look at (d-2) and (d-4) 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 NHS 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. For example, stomach ulcer in (d-1) with nerves in (d-2) is coded to 540.0 only. However, if the 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.

3. Multiple mental conditions, same person

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

H. Nervous or Mental Trouble--
Con.

4. Descriptions of nervous and mental cases, with codes
1. "Nervous trouble, Dr. says since birth, can't stand noise, can't sleep at night, feels like something crawling on her": code 327.
 2. "Nervous, due to overactive and toxic goiter": code 252.0, and 327.
 3. "Pains in head, upper back and shoulder, past year, due to lack of sleep and nerves brought on by daily irritation and stresses": code 327.
 4. "Nervous trouble, due to epilepsy": code 353.3, and 327.
 5. Nervous trouble, depressed, due to epilepsy": code 327 and 353.3.
 6. "Takes medicine for insomnia; has chronic nervous trouble; feels shaky": code 327.
 7. "Nerves, gets dizzy spells": code 327.
 8. "Nervous trouble, can't remember things, due to arteriosclerosis": code 327 and 334.
[Regard the arteriosclerosis as cerebral].
 9. "Migraine headache due to nerves": code 354 only.

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

- Effective July 1, 1961, procedures for coding these "problem" types of diagnoses are restated and revised, as follows:
1. Check with Table II; if the surgery was done in the past year, the condition should be in Table II, also, and the facts in Table II may help to establish a diagnosis code for Table I. If the report says the surgery, or correction, was done more than a year ago, the procedures for coding will be the same, except that if Col (f) AND Col (r) in Table I are blank, the condition may be regarded as "inactive" or "arrested", or cured, and will not be coded in any way, unless some present effect is mentioned, or the causative disease is old tuberculosis or old rheumatic fever. See also C, 2, above.

- I. "Removal" and other Operations, Table I; and Post-operative States--
Con.
2. Regardless of when the surgery was done, look for some present effect that may be bothering the person, other than ordinary pain or discomfort that often accompanies recent post-operative states. If the part removed is codable to "Absence", in the X-Code, always code it. These sites are eye, limb, lung, breast, kidney, jaw, rib, nose, ears, larynx at any onset, and all of the teeth if 3 mos+. If the effect is codable to "absence" or something else in the X-Code, no other effect need be recorded. If the effect is not in the X-Code, but is something likely to become chronic after the surgery, code it.
 3. Look for the disease that required the surgery. If that is known, or indicated, and is chronic, and present now or in the past year, and is often, or usually, incurable, code it. However, if there is no code for "history," and the condition was corrected by surgery, more than one year ago, and there is no present effect and Col (f) and Col (r) are blank, do not code the disease or abnormality.
 4. If a post-surgery condition is unusual, consult supervisor.

5. Examples:

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

J. Asthma and other Allergies

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

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

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

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

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

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

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

K. Cysts

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

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

Watch for entries in (d-4) or elsewhere that tell a special kind of cyst that is not to be coded to the neoplasm numbers. If a reported modifier is not listed in Vol. II under "Cyst", consult the supervisor.

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

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

**L. "Disc"
Conditions**

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

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

When an intervertebral disc condition is to be coded, and a concurrent spinal nerve pain, pressure, neuralgia, sciatica, or similar condition is also reported for the same person, do not code the nerve condition separately since this is usually part of a typical disc condition.

L. "Disc"
Conditions--
Con.

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

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

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

M. "Gland"
Conditions

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

Review 782.7 (enlargement of lymph node) in ICD. If lymph glands or nodes are mentioned, or the site is in the 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.

- 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. If infection is also mentioned or indicated, follow the notes in 796.
- "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-4) 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 NHS to 434.4. Although Vol. II, p. 414, refers "Spasm, heart" to Angina (pectoris), the category 420.2 is too specific for household reports of this nature, which could possibly refer only to a functional disorder of rhythm or rate of heart. A "spasm" of the heart of unknown cause, is not necessarily indicative of a coronary condition.

O. Heart Conditions, Ill-defined, or Due to Various Causes--Con.

Enlarged heart (and synonyms) is an important manifestation or symptom of heart disease, but it is classified in 434, and not with symptoms. If it is due to any specified heart disease, the more specific heart condition is coded only. To this extent the enlarged heart is treated like a symptom. But if "enlarged heart" in (d-1) has a cause in (d-2) that is not related to a heart disease, according to ICD, and this cause does not have a line of its own, ignore the cause. For example, "enlarged heart", in (d-1) due to overweight in (d-2): code enlarged heart only, unless "overweight" has a line of its own.

Other heart conditions and troubles, cause specified:

Ordinarily, the cause is not asked for these. If a cause is given, code as for Disease, heart, due to various causes, as in Vol. II and the Short Index. Heart trouble NOS, due to "nerves": code 315.2.

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": code like "trouble" of an organ or part. For example, code "nonfunctioning 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 ISC 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.

SECTION V. "COMBINING" AND "MERGING"

A. "Combining", 1. General

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

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

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

2. Kinds of conditions that combine

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

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

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

SECTION V. "COMBINING"

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

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

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

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

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

Col ((k)): Enter check (x) in Col (k) if there is a check in this column on any one of the merged lines.

Col (m): Check earliest time as indicated on any one of the merged lines.

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

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

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

SECTION VI. BLINDNESS, OTHER IMPAIRMENTS, AND THEIR CAUSES

A. General

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

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

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

B. Visual Impairments

Review Appendix I for the special list of 1-digit etiology codes to be added to X00-X02, X05. All eye conditions, serious or not, with or without loss of vision, are to be considered for coding. Determine first whether the person has an eye disease, trouble in seeing, or both. Eye diseases are discussed below in B, 6. A person may be given more than one eye disease code, but is never given more than one code in X00-X02, X05.

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

B. VisualImpairments--

Con.

2. Blindness, (XOO), defined For NHS purposes, a person, 6 years+, who can read, is coded as blind (XOO) if (d-3) shows no, he cannot see well enough to read ordinary newspaper print with glasses. If the person is under 6 years of age, or has never learned to read, he is coded as blind (XOO), if the report indicates such a person is blind or has no useful vision. In all cases in which the answer to (d-3) is no, the code for the visual defect should be XOO, with the proper 4th digit for etiology; the person may not be totally blind, and may have some vision in one eye, but if the answer in (d-3) is no, the code for the visual defect should be XOO. This definition of blindness is not necessarily the definition of blindness used by other agencies, nor what you, as medical coders, may think of as blindness, but if the answer in (d-3) is no, code the visual defect to XOO, with the proper 4th digit.

Note 1: "Night blindness", "day blindness", "color blindness" are terms considered to be eye diseases (in 388) and are never coded to XOO unless the answer in (d-3) is no. See also under item B, 6, below.

Note 2: If no is in (d-3) with an interviewer's footnote indicating that the respondent is illiterate, or indicating some other explanation, do not code XOO, and do not code any X-code, unless the other information indicates that there is a visual defect codable to the X-Code.

3. Visual impairments in X01, X02, X05 If the answer in (d-3) is yes, the visual defects, if any, can be X01, X02, or X05, but never XOO. Check (d-5) and other statements about whether the vision is affected in one or both eyes, to know when to apply X01 or X02. The codes X01, X02, X05 are for difficulties in seeing, but the person can see well enough to read newspaper print with glasses. Category X05 is for conditions not involving blindness in either eye, in such terms as "poor", "bad", "defective", or "blurred"—describing vision, eyesight, sight.

B. VisualImpair-
ments--Con.

4. With cause stated Any one of the codes X00-X02, X05 must be given an additional 1-digit code from the special etiology codes for impaired vision. If the cause is unknown, the code is .0. If the cause is some continuing chronic disease of the eye or of the body generally code it also, in ICD codes, in addition to the X-Code. If the visual impairment is due to a chronic eye disease which is due to some general disease, as in diabetic cataract, code to the X-Code, and code the cataract (385), and also the diabetes (260). However, in the case of vision difficulties in X05 noticed during attacks of allergy or migraine—or due to allergy or migraine—code only the allergy or migraine, and do not code X05.

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

B. VisualImpairments--

Con.

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

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

Examples, 3 mos+; for diagnostic codes:d-3

- | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------|
| 1. Blind, left eye, due to accident in 1945
Poor vision, right eye due to cataract,
past 2 years.
Code X01.9 and 385X. | <u>Yes</u> |
| 2. Blind, right eye, old infection
Poor vision, left eye due to diabetes.
Code X01.8 and 260X. | <u>Yes</u> |
| 3. Poor vision, due to cataract and
glaucoma.
Code X05.3, 385X, and 387X. | <u>Yes</u> |
| 4. Bad vision since birth
Injured eye, one year ago, and now
blind in one eye.
Code X00.9. | <u>No</u> |

B. Visual Impairments--
Con.

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 NHS method and becoming familiar with the various eye diseases and their synonyms.

Col (d-1) may contain "weak eyes", or "eye trouble", or some well-defined disease of the eye, such as cataract or glaucoma. Check (d-3) and if the answer is no, code X00 with the proper 4th digit. See also B, 2, above. Code the eye disease also by its ICD or NHS code. However, when the eye disease in (d-1) shows YES or blank in (d-3), and there is no information anywhere about the degree of visual loss, the procedure is to code the eye disease only, EXCEPT:

a. For cataract (385), retinal conditions (386,777), and glaucoma (387)—present now or in the past year—we assume that there is or has been some visual loss, and if 3 mos+, code X05 with the correct 4th digit in addition to the ICD or NHS number.

b. For chronic "night blindness" (and synonyms) (388), and chronic "day blindness" and synonyms (388), and other such chronic variations in vision according to the amount of light, code also X05 with the correct 4th digit. If the night or day blindness is due to some specified general disease - such as Vitamin A deficiency - code 388X, 286.1, and X05 with the correct 4th digit.

For "color blindness" (388), however, visual acuity may be normal, and without information to the contrary, code 388 only.

If (d-1) shows "nearsighted", "farsighted", myopia, and other refractive errors classified in 380, code 380 only since many of these are correctable by proper glasses. However, if (d-3) shows no, or the person says he has trouble in seeing, code the proper X-Code also.

If (d-1) shows "cross-eye", "lazy eye", "double vision", or other disorder of eye muscles and ocular movement in 384, and (d-3) is yes or blank, code 384 only. Do not code the X-code unless trouble in seeing due to this cause is reported.

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B. VisualImpairments--

Con.

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

Note: In the case of multiple specific eye diseases for the same person, code each by their ICD or NHS numbers. However if "weak eyes" or something ill-defined is reported with a well-defined eye disease, do not code the "weak eyes."

Effective July 1, 1962, if (d-3) is "no", and "eye trouble", ill-defined, is also stated, code X00 only; and if (d-3) is "yes", but there is "poor vision" or "trouble seeing" and also "eye trouble", code X05 only; in these cases do not code 388 also.

7. Examples, chronic visual impairments and eye diseases

	(d-1)	(d-2)	(d-3)
1. No lens in either eye	388X	since birth	yes
2. Cataract and glaucoma	385X 387X	X05.3	yes
3. Trouble seeing, both eyes	240X	hay fever	yes
4. Nyctalopia	388X	X05.6 DK	<u>1/</u>
5. High myopia	380X	X00.1	no
6. Eye trouble	X00.Y	old age	no
7. Eyes water	379X	smog	blank
8. Total blindness one eye	X02.X	birth	yes
9. Nearsighted	380X	DK	yes
10. Eye trouble	X05.0	poor vision caused DK	yes
11. Trouble seeing	X05.Y	needs glasses changed	yes

¹Can't see well at night.

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 NHS method.

1. Degrees of hearing impairment

For NHS, X06 and X07 are used only when there are specific statements to the effect that the person has no hearing at all (X06), or that he has a severe impairment but can hear with a hearing aid (X07). If there is no information of this kind, code deafness NOS, "hard of hearing", and all other terms indicating hearing difficulty, one or both ears, to X09. Whereas, for NHS, no in (d-3) determines whether a person is severely or totally impaired, visually, - there is no such device for obtaining degrees of hearing impairment. A person may say, even, that he is "deaf" in both ears, but if there is no other information about severity, code this to X09.

Code deafmutism (the state of being "deaf and dumb") to X06. If the person is described as totally deaf 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 or X07 is to be coded regardless of date of onset. X09 is coded only if 3 mos+; if -3 mos code to cause or kind stated; if unknown, code 396.1 only.

C. HearingImpairments--

Con.

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 NHS, this situation is not regarded as an accidental injury. However, for hearing impairments due to sudden, or "one-time," injury or exposure, add the etiology code "9" (injury or accident). If X06-X09 are due to multiple causes, see item M, below.
 - 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 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, add 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 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, 1962, 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.
3. If due to or reported with any other X-Code condition, and these have the same etiology, do not Code X12, X13.
4. If the site is of the limbs, back, trunk, and the person has other impairments of the limb, back, trunk, see L, 3,4,5 of this Section.
5. If the cause is unknown, or is some now inactive disease or injury, code the sensation disturbance.

SECTION VI. BLINDNESS, OTHER IMPAIRMENTS, AND THEIR CAUSES

F. Special Learning Disability, and Mental Deficiency

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

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

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

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

G. Absence of Extremities, and Certain Other Sites

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

X35 - Digestive organ: Not used.

X36 - Respiratory organ: Use only for absence, lung.
Code absence voice box (larynx) to X11.

X37 - Urinary organ: Use only for absence, kidney.

X38 - Genital organ, breast: Use only for absence, breast.

X39 - Other sites:

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

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

Excludes absence of:

teeth or jaw: code to X92

nose or ears: code to X90

larynx (voice box): code X11

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

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

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

H. Paralysis, Complete or Partial

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

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

Whether the "stroke" is 3 most 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 person 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 most, 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 most, in X40-X69 For NHS, effective July 1, 1961, use only one code per person in X40-X69, as follows:
a. If cerebral palsy (and synonyms) in X50 are present, with any other in X40-X69, code X50 only

b. Any in X40-X49, with any in X51-X69, code X40-X49 only,

AND:

- c. Prefer X44, X46, X47, X48 over others in X40-X49, and as a rule:
X48 over all others, and
X44, X46 over X47.
- d. If there are combinations of upper and lower, on opposite sides, prefer lower. If there are combinations of extremities and "chest", or trunk muscles, or shoulder(s), code to extremities only if codable to X40-X50. If X40-X50 are not present, code any in X51-X59 with any in X60-X69 to X51-X59 only. If X51-X59 is to be coded, select the code that expresses the most extensive or 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": code as for paralysis, of these sites.
 - i. Paralysis, "waist down", or affecting "lower body": code as for Paraplegia.
 - j. "No use" or limited or partial use of extremities and 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, and if partially limited, code Paralysis, partial.
 - k. "Dead nerve" NOS, 3 mos+, in (d-l), due to polio or some other cause, could imply numbness or paralysis; if not qualified further, code to X99 by etiology.

I. Non-Paralytic
Orthopedic
Impairment,
NEC

See Appendix III, 787, and Appendix I, X70-X79. For NHS, effective July 1, 1961, categories X70-X79 are amended as follows:

- 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 "Trouble", of limbs, back, trunk, affecting ability to walk or move about freely - due to "strokes", polio and other diseases and injuries of brain and spinal cord: code as for Paralysis, partial. If the person is completely unable to move the part, or is bed-ridden, code as for Paralysis.
- c. "Weakness" of limbs, back, trunk, 3 mos+, due to stroke, polio and other diseases of brain or spinal cord, code as for Paralysis, partial.

- I. Non-Paralytic Orthopedic Impairment, NEC--Con.
- d. "Pain" of limbs, back, trunk, 3 most, due to "stroke", polio, or others affecting brain or spinal cord--with no other orthopedic disability: code to X70-X79 with the proper 4th digit.
- e. 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.
- f. Any condition in X70-X79 with or due to any condition codable to X40-X59, code the latter only.
- g. For X70-X79, with multiple causes, see item M, below.
- J. Deformity, Limbs, Back, Trunk
- See also X80-X89 in Appendix I.
- See additions to X80, and revision of X89, effective July 1, 1961.
- Note that scars ("painful", "tender", "contracting",) of limbs, neck, back, external site of trunk, or "scar NOS" of these sites, may be coded to X80-X89 by site.
- Effective July 1, 1961, for NHS purposes, structural deformities of limbs, trunk, back described as "atrophy", "withered", "shriveled", with or due to "strokes", polio, or other paralytic diseases or injuries of brain and spinal cord, or reported as the effects of such conditions--are to be coded to Paralysis by site, type, extent of limitation of the part, and cause.
- As formerly, a person may be given more than one code in X80-X89. However, if the person has more than 2 conditions codable to X80-X89, consult the supervisor who may rule out the more minor of these defects.
- K. Impairment, NEC
- See also Appendix I, categories X90-X99, for revisions effective July 1, 1961.
- a. Code absence, nose, lips, ears to X90
- b. Code absence, jaw to X92
- c. Note expansion of X94 (dwarfism) to include "Midget", and "stunted growth". However, "stunted growth" and cases of "underheight", not dwarf or midget, due to specified active disease, code that only.
- d. A person may be given one or more codes in X90-X99. There is no code within X90-X99 for multiple conditions of this nature.

L. Multiple Impairments, Same Person

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

1. The general rule is to code each of multiple X-Code conditions if they relate to different specific functions and or types. For example, if a person is deaf and blind and also paralyzed, or has clubfoot, a missing arm, flatfoot, and facial disfigurement, code each of these by type in the X-Code, whether they are due to the same cause or not.
2. If the type of impairment is the same, but multiple sites are involved, make use of codes and rules for multiple sites within a given category, so that only one X-Code, of that type, becomes necessary. When one X-Code is applicable, but it has several causes, code by the rules in M, following. For visual impairments, see B of this Section.
3. If the person has 2 or more impairments affecting limbs, back, trunk, of the types in X13, X40-X59, X70-X89 and all have the same etiology, use the following guides:
 - a. Code separately clubfoot, flatfoot, spina bifida, and dislocation of the hip, if these are known or indicated to be congenital in origin.
 - b. Except as in a, if paralysis, complete or partial is present, with something in X13, X70-X79, X80-X89, prefer the paralysis, and code it.
 - c. If paralysis, complete or partial is not present, and conditions in a, above, are not present, but other structural deformities in X80, 84, 86-X89 are present, prefer, as a general rule, the deformity over those in X13, X70-X79. However if the deformity is minor, and is less disabling than one(s) in X13, X70-X79, prefer the latter.
4. If the person has 2 or more impairments affecting limbs, back, trunk, and different etiologies are involved, use the rules in 3, above, for those that have the same etiology, but code separately those that are due to something else. For example, if a person has hemiplegia and also numbness of leg and these are both due to stroke, and also has back trouble due to an old injury, code the hemiplegia, but not the numbness, and code the back trouble separately.
5. When there are multiple impairments per person, and you are not sure which or how many to code, consult the supervisor.

M. Multiple Etiologies, Per Defect

The following applies when the defect is codable to the X-Code, and 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. Code the class of impairment according to its present status.

If a person has had a stroke, 3 mos+, due to an accident or had an accident after the stroke but more than 3 months ago, code 334.9 and code also the present status of the impairment; with .9; thus 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.

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.

N. When to
Code the Cause
Separately

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

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

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

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

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

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

b. Impairments due to operations: None of these should be charged to therapeutic misadventure unless the person says that something went wrong at the time of the surgery. If the person says an accident happened, or a wrong technique was used, during the operation, code the impairment with 9 in the 4th digit, and as an injury. If there is no information of this kind, look for the original condition that started the chain of events that led to this operation, and use that for the etiology, and if that is not specified, code unknown etiology.

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

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

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

e. Examples of impairments, due to certain causes:

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

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

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

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

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

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

O. When Not to
Code to X-Code

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

1. X05, X09, or others in X10-X99, due to allergy or migraine: code the latter only.
2. X94-X97 (over - or under - height, weight) due to specified endocrine or other chronic disorders: code the latter only. Hydrocephaly (X93) due to specified active chronic disease of brain or meninges, code the latter only.

0. When Not to
Code to X-Code--
Con.
3. X70-X79 (orthopedic impairments) due to arthritis or other active chronic diseases: code the latter only. However, as already noted, if due to strokes or others in 330-334, code X-Code and also 330-334.
4. X12-X13 (sensation disturbances, NEC) due to arteriosclerosis or other active chronic disease: code the latter only. If due to "strokes" etc., proceed as in 3, above.
5. X50-X69 due to Parkinson's disease or Friedreich's ataxia: code the latter only.
- b. Any of the following defects -3 mos, are to be coded to the cause only, if known. If these are -3 mos, and cause is unknown, assign the following codes which are ICD codes modified for NHS, as shown in the Short Index and Appendix III:
- Defective sight 388
Defective hearing 396.1
Defective speech 781.5 or 781.6, or 783.5
Loss of sense of taste or smell 367
Loss of voice 783.5
Disturbance, sensation, NEC 781.7
Paralysis, face 360
Paralysis, 1 limb only 787.0
Paralysis, 2 or more members (arm and leg)
(both legs) (etc.) 334
ORTH IMP NEC 787.1-787.7
Overweight or Underweight 788.4

A. Injuries and Their Effects, General

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

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

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

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

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

B. Recording Additional Facts About Injuries and Accidents

In addition to the diagnostic code for the nature of an injury, it is necessary to record, for injuries in table I, how many injuries were sustained in a single accident, whether hospitalization was involved for any part of this accident, whether a table A was filled, and where and how the accident happened if that is known. Cols 21,22, 51-55 of the Condition Card are used for facts of this kind. This data is not needed for the hospital card.

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

MCC: Fill Col 51 of the Condition Card. If the injury was due to some misadventure in preventive or therapeutic medical or surgical procedures, fill the "1" oval. If it could have been incurred in any other kind of circumstance, fill the "2" oval. If the data for Col 51 is applicable, then Cols 52-55 must be left blank because none of the necessary facts have been obtained by the interviewer. Also write, in 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 this "1" or "2", and the line number, in the bottom margin 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 51 blank, and will fill Cols 52-55 of every Condition Card for each injury condition that is to be coded, as follows:

- Col 52: Motor vehicle involved? If "yes" in 3a, transcribe and go to 3c. If "No" or "DK" in 3a, transcribe and go to 4. If blank, transcribe as "V", and go to 4.
- Col 53: Moving motor vehicle involved? If "yes" in 3a, there should be an entry in 3c. Transcribe this entry; if blank, transcribe as "V". If "DK" or "NA", transcribe as "DK".
- Col 54: Where did accident happen? Transcribe as entered. If "some other place" is checked and 4b is blank or if 4a and 4b are both blank, transcribe as "V". If "DK" or "NA", transcribe as "DK". Recode the "Other" in 4b-6 if it can be classified to one of the other categories.
- Col 55: Were you at job or business? Transcribe as entered. If blank, code "V"; if "DK" or "NA", code "DK".

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

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

MCQ: Use a 5th digit, either "X" or "0", after a dash, after the 4-digit nature of injury code, for each injury code:

X = first, or only, condition in this accident

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

When there is more than one injury condition for a single accident, apply the "X" to the one that has the largest number of days of restricted activity in past 2 weeks, (Col (g)), and the "0" to the other(s). When all of multiples have no days, or equal days, in Col (g), apply the "X" to the first condition and "0" 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 "0". If several cards are required for one accident, "yes" will be entered in Col 21 on the "first" and "no" will be entered in Col 21 on each of the others.

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

MCQ: Use a 6th digit, either "X" or "0", after the 5th, as follows:

X = yes, hospitalization in past year, for this accident

0 = no, no entry in table II for any part of this accident

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

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

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

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

If caused by injury, code to X20-X34, by site, with .9 in the 4th digit, no matter when the accident occurred. Do not code the original nature of injury. (In cases of severance of nose or 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. See item B of this Section for application of the 2 additional digits.
- b. If more than one member of a household is hurt in the same accident, count as separate accidents, rather than multiple effects of one accident.
- c. Multiple accidents, same person: A person may have multiple recent and/or multiple old accidents. All separate accidents, with injuries codable to 800-999, must be recorded whether the codes in 800-999 are same or not. When the effects of multiple accidents are codable to the X-Code, or some other code, with 9 in the 4th digit, code each accident unless a later accident produces the same effect as an earlier one, or extends the sites of the same type of impairment or chronic disease that started in an earlier one. To avoid over-coding chronic conditions, in these situations, code only the latest state of the chronic condition, using the circumstances (how and where) of the latest Table A.

SECTION VII. INJURIES

- 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"	<u>CODE</u>
<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.

SECTION VIII. CONDITIONS RELATED TO CHILDBEARING

69 REV

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

A. Pregnancy

"Pregnancy" refers to the period of gestation before delivery or abortion. Use the numbers 640-649, only, for complications arising in pregnancy or complicating a current pregnancy, while the woman is in the pregnant state, and before delivery or abortion occurred. If, during one episode of illness for a complication of pregnancy, a delivery or abortion occurred, code only the delivery or abortion.

B. Abortions,
Deliveries,
and Births

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

Abortion (miscarriage), coded to 650-652, refers to the premature expulsion from the uterus of a nonviable fetus (not able to live) at less than 7 months' gestation. Delivery (660-678) refers to cases of 7 months or more gestation with the infant born alive or dead. Review all notes on p. 124, App III. Almost all abortions and deliveries are hospitalized and will be in table II, but may be in table I also, where the appropriate diagnosis must be entered.

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

In the case of delivery, coded to 660, 661, or 670-678, always code "X" (there was an operation), whether or not the person says there was an operation. Each diagnosis in 660-678 in Col (h), must have one of the following 2-digit operation codes in Col (i) - either 93 or 95:

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

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

Thus, 95 will be used for any and all procedures for delivery, provided Cesarean is not mentioned, and will also be used even though the person says there was no operation. 93 will be used with diagnosis 661, or any other for which a Cesarean operation was performed. 95 will be used for diagnoses coded to 660, or cases in 670-678 when a Cesarean is not mentioned.

If some other operation is performed on the mother after the baby is born, and while the mother is still in the hospital - such as "tubes tied" (79) or "D and C" (78), code it in addition to the 95 or 93.

C. Complications
Following
Delivery

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

D. Coding
Col (aa),
Table 1

Any condition in table I coded to the numbers 640-689 must have "2" in Col (aa); the MCC will enter "2" in Col 42 of the Condition Card. Conditions complicating a current pregnancy are coded as acute even though they may have started in the earlier months of this pregnancy. Conditions due to previous pregnancies are not coded to the numbers 640-689, but to the numbers for the conditions indicated. For example, varicose veins "due to pregnancy", in a woman who is not pregnant now nor in the puerperal stage (2 months after delivery), is coded to 460X, and as chronic. See also Section IV, R, for hypertension and other toxemias of pregnancy.

If a complication of pregnancy, in table I, is reported for a woman who is now pregnant, and Col (k) is checked, as first noticed before 3 months, nevertheless edit in red pencil to Col (l) and check the "before 2 weeks" box in Col (m). The MCC will fill Col 41 of the card according to the edited data.

SECTION IX. HOSPITALIZATION AND SURGERY, TABLE II

71 REV

- A. Table II, General For conditions related to childbearing, see Section VIII. For births and certain diseases of infancy, see Appendix III, 760-777.
- Effective July 1, 1962, refer to Section II, particularly Step 5, for special editing and checking procedures, and for filling the Hospital Card. Section IX, here, contains rules, for both the MCQ and the MCC, for determining the diagnostic and operation codes to be used for a hospital admission.
- B. Coding the Diagnosis Only one diagnosis per admission is to be coded. For selection of one code when more than one condition is in one line, see item D below.
- The person may have had more than one admission in past 12 months, for the same or a related condition or for something different. Each admission should be coded according to the 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.
1. Date of onset, unknown, Table II If date of onset affects the code selection, and this date is unknown, use the following guides:
- a. If there is a "third" code for unspecified whether acute or chronic, as in bronchitis, nephritis, appendicitis, etc., use it; this applies whether or not the person says "acute" or "chronic."
 - b. For injuries, use 800-999 with "X" in the 4th digit unless it is clear that an injury is most 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.
2. Inadequate diagnostic terms, Table II; "Check-up" If the diagnosis is a symptom or an ill-defined trouble, code it as reported. If the person cannot describe the condition in some codable manner, code 795.5. If he tells what was done, rather than what the condition was, code as follows:
- obstetrical procedures: code as for delivery
tonsils or adenoids removed: code 510.0
appendix removed: code 551
"observation," "X-rays," names of other hospital techniques, other "removals," including amputation of any part: code 795.5 (unknown).
- If the person stays overnight for a routine or regular "check-up", and no disease is found, regard this as essentially "no diagnosis", but include this as an admission, and use the code 795.5.
3. Injuries, Table II Injuries or effects of injuries in table II require only the 4-digit diagnostic code. 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.
- 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 NHS; code "no" if reported as an operation.
- e. Pumping out, washing out (lavage) of stomach or bowel is not to be coded as an operation.
- f. For NHS 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."
- 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, &X 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:

- 61 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. If the code number is the same for multiple procedures, code it only once.
 - c. Multiple procedures in delivery; select one.
 - d. If the language used in Col (i) is vague, or there is doubt about whether more than one operation was performed, consult the technical supervisor.

- E. Applying 1-digit code,
- a. If no operation, as defined, is to be coded, or if the person does not know whether there was an operation, code "2".
 - b. If there is only one condition in Col (h), and only one operation in Col (i), and there is no doubt that the operation was done for that diagnosis, code "X"--operation was done for the diagnosis. If the site of the operation is different from the site of the disease or injury code "0." If there is doubt about whether the operation was done for the diagnosis, code "1", after consulting the technical supervisor.
 - c. If there are multiple conditions, and one must be selected, and if there are one or more operations judge whether there was an operation for the selected diagnosis, and code as above.

F. Examples, coding diagnoses and operations, Table II

Diagnosis Col (h)	Code:	Code:	Operations Col (i)	Code:
1. Brain concussion; cut ear	852X	0	Took stitches in ear	25
2. Diabetic cataract	385X	X	Removed cataract	20
3. Fractured hip, punctured lung, cut forehead	861X	X	Tube in lung Stitches in forehead	54- 83- 82
4. Vaginal bleeding	637.2	X	Removed ovaries and uterus	77
5. Cystoscopy for kidney trouble	603.3	X	Blank	71
6. Observation for head injury	856X	2	Blank	
7. Observation and X-rays	795.5	2	DK	
8. Benign tumor of breast	213X	X	Tumor removed	75
9. Internal injuries of liver and spleen	864X	1	Surgery, kind DK	XX

APPENDIX I

X-CODE FOR SPECIAL IMPAIRMENTS (X00-X99)

By Type, Site, and Etiology

Revised July 1, 1961

APPENDIX I. SPECIAL IMPAIRMENTS

A. DEVELOPMENT OF THE X-CODE

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

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

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

B. CHARACTERISTICS
OF SPECIAL
IMPAIRMENTS

- a. Special impairments are usually aftereffects or residuals of disease or injuries or they have been present since birth, but they may accompany an incurable or progressive chronic disease and may be the presenting factor in treatment or rehabilitation rather than the disease itself.
- b. They are often but by no means necessarily permanent, but if not permanent they must always be chronic or long-continuing or of "chronic type" in order to be considered an "impairment." Many respond to corrective therapy, medical or surgical.
- c. They represent decrease or loss of ability to perform such functions as seeing, hearing, tasting, smelling, other sense perception, chewing, speaking, understanding, reading, writing, use of symbols, locomotion, lifting, manipulation, making a presentable appearance, or measuring up to normal standards of size, height, or weight.
- d. They are for the most part functional or structural musculoskeletal and neuromuscular abnormalities or defects, or defects of special senses, speech, intelligence.

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

X00-X05	Impairment of Vision
X06-X09	Impairment of Hearing
X10-X19	Impairment of Speech, Intelligence, Special Sense except as in X00-X09
X20-X39	Absence, Loss, Extremities, and Certain Other Sites
X40-X69	Paralysis, Complete or Partial, All Sites except as in X00-X19
X70-X79	Non-Paralytic Orthopedic Impairment (chronic) NEC
X80-X89	Specified Deformity of Limbs, Trunk, Back
X90-X99	Defect, Abnormality, Special Impair- ment NEC

APPENDIX I. SPECIAL IMPAIRMENTS

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		
736 Affection of sacro-iliac joint-----	} In X70-X79	
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 lumbosacral joint-----	In X80	

2. List 2

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

D. "Late Effects"
Codes of ICD

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

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

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

APPENDIX I. SPECIAL IMPAIRMENTS

**E. "Late Effects"
Not Included
in X-Code**

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

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

**F. Ill-defined
Late Effects**

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

- "Effects of stroke": code 334X
- All other ill-defined effects of diseases, such as "post-polio", "old birth injury", "post-encephalitic": code to X99 with the appropriate 1-digit etiology code.

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

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

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

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

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

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

APPENDIX I. SPECIAL IMPAIRMENTS

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

Note: For complete instructions for coding all types of impairments according to the NHS method, as of July 1, 1961, see the NHS Medical Coding Manual, Section VI.

X00-X05 IMPAIRMENT OF VISION

- X00 Blindness, both eyes; blindness NOS
- X01 Blind in one eye, other eye defective but not blind as in X00
- X02 Blind in one eye, other eye good or not mentioned
- X05 Impaired vision except as in X00-X02, one or both eyes

X06-X09 IMPAIRMENT OF HEARING

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

X10-X19 IMPAIRMENT OF SPEECH, INTELLIGENCE, SPECIAL 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 DEFICIENCY

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

X15 Mental deficiency, mongolism

X16 Mental deficiency, severe except in mongolism

X17 Mental deficiency, moderate

X18 Mental deficiency, mild

X19 Mental deficiency, degree not specified

APPENDIX I. SPECIAL IMPAIRMENTS

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

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

Upper Extremity:

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

Lower Extremity:

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

Upper and Lower Extremities:

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

Other Sites:

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

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

Excludes paralysis agitans, or synonyms, in ICD 350.

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

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

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

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

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

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

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

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

APPENDIX I. SPECIAL IMPAIRMENTS

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

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

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

Excludes all "disc" conditions (ICD 735).

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

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

See Medical Coding Manual, Section VI, I, for NHS amendments in X70-X79, effective July 1, 1961.

Orthopedic Impairment NEC (Chronic) Involving:

X70 Back NOS, spine NOS, vertebra NOS (low) (lumbosacral) (sacro-iliac) (entire)

X71 Cervical or thoracic region of back, spine, vertebrae

X72 Coccygeal region of back, spine, vertebrae (last bone of spine)

X73 Shoulder, upper arm, forearm above wrist; arm NOS

X74 Wrist, hand, finger, thumb, -- sites in X73 not involved

X75 Hip and/or pelvis, alone, or with any other site in X70-X79
Excludes congenital dislocation of hip (X85.X)

X76 Knee, leg NOS, - hip not involved

X77 Ankle, foot, toe, - sites in X76 not involved

X78 Multiple sites NEC (back and legs) (fingers and toes)
(legs and arms) (arms and back)

X79 Other and ill-defined sites

Includes: rib; trunk, NOS; "side," NOS; limping, staggering, stumbling, trouble in walking, NOS.

Excludes: jaw (X92); and ataxic gait, which if 3 mos+, is coded as for Paralysis, partial.

X80-X89 SPECIFIED DEFORMITY OF LIMBS, TRUNK, BACK

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

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

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

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

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

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

X82 Flatfoot (including weak or fallen arches)

X83 Clubfoot

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

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

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

X86 Deformity, neck or shoulder region

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

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

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

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

X89 Deformity, trunk bones, NEC

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

Includes: pigeon breast; cervical rib; postural defect NEC

X90-X99 DEFECT, ABNORMALITY, SPECIAL IMPAIRMENT, NEC

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

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

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

X93 Deformity of skull (hydrocephaly) (microcephaly)

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

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

X94 Dwarfism; Midget; Excessively underheight

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

X95 Gigantism (excessively overheight)

X96 Obesity (excessively overweight)

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

X97 Excessively underweight

See note under X96

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

X99 Special impairment, ill-defined site

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

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

APPENDIX II

2-DIGIT TYPE OF OPERATION CODE

Revised July 1, 1962

91 REV

APPENDIX II

2-DIGIT TYPE OF OPERATION CODE

0 Endocrine System

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

1 Nervous System, Except Eye, Ear

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

2 Eye, Ear, Mastoid

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

3 Cardiovascular System

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

4 Lymph System, Spleen, Bone Marrow

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

5 Respiratory System, and Chest NEC

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

6 Digestive System, and Abdominal Regions NEC

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

7 Genitourinary System

- 70 Operations on kidney
- 71 Operations on bladder
- 72 Circumcision
- 73 Operations on prostate gland; includes any operation for a prostate condition
- 74 Other operations on male genital organs
- 75 Mastectomy (complete or partial)
- 76 Other operations on breast
- 77 Hysterectomy (with or without other operations performed at the same time)
- 78 D and C
- 79 Other operations on female genital organs
- 7X Other genitourinary operations NEC

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

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

9 Surgical and Operative Procedures for Delivery

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

XX Operation, type unknown, site unknown

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

APPENDIX III

MODIFICATIONS OF THE INTERNATIONAL CLASSIFICATION (1955 REVISION)
USED FOR THE NATIONAL HEALTH SURVEY
July 1, 1961

APPENDIX III

EXPLANATORY NOTES

A. Purpose of Appendix III

Appendix III, revised, shows all variations from, or additions to, the provisions of ICD (Seventh Revision). It should be useful to the statistical analyst as well as to the medical coder. It serves as the base on which the NHS coding pattern is built. It should be used as a reference in deciding problem cases, particularly for rare or unusual terms that are not in the Short Index and which may not be in Vol. II.

B. General Types of Modifications

Most of the changes and additions are in the areas of symptomatic and ill-defined conditions, in eye conditions, and all kinds of special impairments.

C. Form of Appendix III

Each page has four divisions. Under "Category Title," the condition or class of conditions involved is listed with notes of explanation, especially if the NHS method of coding differs from the instructions for that category in Vol. I of ICD. The categories follow the ICD numbering plan, beginning with the first large class, Infective and Parasitic Diseases (001-138). At the left of each page are three columns listing the code number of a category under the headings "Content," "Not Used," "New Code."

1. "Content"

Categories in this column have been changed by NHS in regard to some inclusion or exclusion, or need some explanation about what ICD includes there.

2. "Not Used"

The ICD code number is not used, but the condition is classified by NHS somewhere else, as shown in the notes under "Category Title." There are no notes for ICD "late effects" codes; for instructions for coding late effects of all diseases and injuries, see Appendix I, the X-Code, and Sections VI and VII of the Manual.

3. "New Code"

Categories in this column have been given a number that is not in the ICD numbering system--for some special purpose. For example, "Tuberculosis, arrested" is given 009, because the Y-Codes are not to be used, but such cases can still be distinguished from active cases in 001-007, 010-019. Another "new code" type is 096X, 780X, etc. (not 096.9, 780.9), so that 9 in the 4th digit will always mean "traumatic origin" for NHS. Other reasons include providing a distinguishing code for ill-defined "trouble" and other vague terms.

Content	Not used	New code	Category Title
			INFECTIVE AND PARASITIC DISEASES (001-138) Note: For NHS, if strep throat (051), whooping cough (056), measles (085), rubella (086), or chickenpox (087), are reported with acute upper respiratory conditions in 470-475, in the manner stated in the notes for 470-475, App. III, do not code 470-475 separately. <u>See also</u> , App. III, 470-475.
002			PULMONARY TUBERCULOSIS For NHS, includes tuberculosis NOS
	008	009	TUBERCULOSIS, UNSPECIFIED SITE. Code to 002.
	013		TUBERCULOSIS (PULMONARY) ARRESTED
	035		LATE EFFECTS OF TUBERCULOSIS OF BONES AND JOINTS
	081		LATE EFFECTS OF GONOCOCCAL INFECTION
			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), unless 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

Content	Not used	New code	Category Title								
	4th digits of 140-199		<p>NEOPLASMS (140-239) For NHS, use the 4th digits for 200-205, but use X for 140-199; none of the 4th digits of ICD for 140-199 will be used; use X in the 4th digit of 210-239, which are 3-digit codes.</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> <table style="margin-left: 20px;"> <tr><td>200-205</td><td>(Leukemia, Hodgkin's disease, etc.)</td></tr> <tr><td>140-199</td><td>(Malignant neoplasms, cancer)</td></tr> <tr><td>210-229</td><td>(Benign tumors, certain cysts)</td></tr> <tr><td>230-239</td><td>(tumors unspecified whether benign or malignant)</td></tr> </table> <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. See also note under 199, Vol. I. 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: See Vol. I, pp. 98, 99:</p> <p>206 LYMPHATIC SYSTEM</p> <p>207 HEMATOPOIETIC SYSTEM</p>	200-205	(Leukemia, Hodgkin's disease, etc.)	140-199	(Malignant neoplasms, cancer)	210-229	(Benign tumors, certain cysts)	230-239	(tumors unspecified whether benign or malignant)
200-205	(Leukemia, Hodgkin's disease, etc.)										
140-199	(Malignant neoplasms, cancer)										
210-229	(Benign tumors, certain cysts)										
230-239	(tumors unspecified whether benign or malignant)										

APPENDIX III

99

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

APPENDIX III

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

Content	Not used	New code	Category Title
			(240-299)--Continued
277			<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 disease only</u>.</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</u>, such as: "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</u>, of unknown, familial, or hereditary origin (788.4). Weight abnormality, ages 1 yr+, with onset 3 mos+, of unknown, familial, hereditary origin, is coded to X96, X97, only, with the correct etiology code. Weight abnormality, ages -1 yr, NEC, is coded to 773, or to 772 if due to feeding problems.</p> <p>Weight abnormality, at any age or onset due to specified <u>present active</u> 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</p> <p>Code overweight, obesity, as follows:</p> <ul 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, <u>onset 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. 																																
299		<p>OTHER DISEASES OF BLOOD AND BLOOD-FORMING ORGANS</p> <p><u>Include</u> "low blood count," "low blood."</p> <p>PSYCHOSES (300-309)</p> <p>For NHS, the term "psychosis" <u>includes</u> 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> <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 diseases causing psychosis----</td> <td>308.2 <u>and</u> cause</td> </tr> </tbody> </table> <p>PSYCHOSIS WITH CEREBRAL ARTERIOSCLEROSIS</p> <p>For NHS, 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 diseases causing psychosis----	308.2 <u>and</u> cause
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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 only of heart, digestive and genito-urinary systems, and skin. Conditions involving other systems, "due to nerves," in 317, will be coded as if not due to nerves. For example, "asthma due to nerves" will be coded to 241 (asthma NOS). None of the ICD categories in 325, 326 will be used.</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, include only heart symptoms due to nerves not codable to 315.0-315.1; exclude hypertension and other specific heart and circulatory diseases "due to nerves," which are to be coded as if not due to nerves.</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>Exclude "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>Includes 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. Includes: all physical and mental conditions, except alcoholic psychosis (307) and cirrhosis and other chronic conditions of liver with alcoholism (581.1), due to use of alcohol, "drinking," "hangover."</p>
323			<p>OTHER DRUG ADDICTION</p> <p>For NHS, includes all physical and mental conditions due to drug addiction, except psychosis (308.2)</p>

APPENDIX III

Content	Not used	New code	Category Title
	325		<p>(310-326, 327)--Continued</p> <p>MENTAL DEFICIENCY</p> <p>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:</p> <p>Mongolism, mongolian idiot (congenital): X15.X</p> <p>Severe (I.Q. under 50) (mental age under 7): X16</p> <p>Moderate (I.Q. 50-69) (mental age 7-9): X17</p> <p>Mild (I.Q. 70-84) (mental age 10-14): X18</p> <p>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</p> <p>Code to X10 if 3 mos+; code to 781.5 if -3 mos.</p> <p><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 326.2 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</p> <p>Code conditions indexed by ICD in 326.3 to 327.</p>
	326.4		<p>OTHER AND UNSPECIFIED</p> <p>Code conditions indexed by ICD in 326.4 to 327.</p>

Content	Not used	New code	Category Title																																														
		327	<p>(310-326, 327)--Continued</p> <p>MENTAL OR NERVOUS TROUBLE, ILL-DEFINED</p> <p><u>Includes:</u> conditions coded by ICD to 318.3, 326.3, 326.4, 790.0, 790.2; weakness and debility in 790.1, if due to nerves; and ill-defined terms not specific enough to be classified elsewhere - i.e. to any of the categories for psychosis, psychoneurosis, psychogenic, or personality disorders, or organic diseases, impairments, and symptoms of the nervous system.</p> <p><u>Includes:</u></p> <table> <tbody> <tr> <td>a. "bad nerves"</td> <td>excitable</td> </tr> <tr> <td> brain syndrome,</td> <td>"jitters"</td> </tr> <tr> <td> chronic, NOS</td> <td>"nerves"</td> </tr> <tr> <td> depression, NEC</td> <td>nervousness</td> </tr> <tr> <td> emotional trouble</td> <td>tension</td> </tr> <tr> <td> or "upset"</td> <td>worry</td> </tr> </tbody> </table> <p>b. Nervous or mental modifying:</p> <table> <tbody> <tr> <td>breakdown</td> <td>condition</td> <td>disturbance</td> <td>prostration</td> </tr> <tr> <td>case</td> <td>disease</td> <td>illness</td> <td>shock</td> </tr> <tr> <td>collapse</td> <td>disorder</td> <td>incompetence</td> <td>weakness</td> </tr> </tbody> </table> <p>c. symptoms in 780.7, 780.8, and 781X, if due to ill-defined nervous or mental trouble in 327, and nervous or mental trouble in 327 in (d-1) with such symptoms in (d-2) or (d-4)</p> <p>For mental disorders in <u>310-314, 318, 327</u> due to:</p> <table> <tbody> <tr> <td>Syphilis-----</td> <td>code syphilis only, by type</td> </tr> <tr> <td>Conditions in 082-</td> <td>" 083.1 only</td> </tr> <tr> <td>Menopause-----</td> <td>" 635, only</td> </tr> <tr> <td>Senility (old age)</td> <td>" 794, only</td> </tr> <tr> <td>Use of alcohol----</td> <td>" 322, only</td> </tr> <tr> <td>Drug addiction----</td> <td>" 323, only</td> </tr> <tr> <td>During pregnancy--</td> <td>" 648.3, only</td> </tr> <tr> <td>During puerperium-</td> <td>" 688.3, only</td> </tr> <tr> <td>Childbearing, old-</td> <td>" mental disorder, only, by type</td> </tr> <tr> <td>Injury or poisoning,</td> <td>" mental disorder, by type, with 9 in 4th digit</td> </tr> <tr> <td>All other active present diseases-</td> <td>" mental disorder, by type, and also the disease. If due to <u>any</u> in 330-334, code 330-334 also.</td> </tr> </tbody> </table>	a. "bad nerves"	excitable	brain syndrome,	"jitters"	chronic, NOS	"nerves"	depression, NEC	nervousness	emotional trouble	tension	or "upset"	worry	breakdown	condition	disturbance	prostration	case	disease	illness	shock	collapse	disorder	incompetence	weakness	Syphilis-----	code syphilis only, by type	Conditions in 082-	" 083.1 only	Menopause-----	" 635, only	Senility (old age)	" 794, only	Use of alcohol----	" 322, only	Drug addiction----	" 323, only	During pregnancy--	" 648.3, only	During puerperium-	" 688.3, only	Childbearing, old-	" mental disorder, only, by type	Injury or poisoning,	" mental disorder, by type, with 9 in 4th digit	All other active present diseases-	" mental disorder, by type, and also the disease. If due to <u>any</u> in 330-334, code 330-334 also.
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APPENDIX III

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 NHS, injuries to brain, spinal cord, and nerves, not at birth, -3 mos, are coded to 850-856, 950-959. If 3 mos+, they are coded as for all injuries 3 mos+. See notes above 806, and Medical Coding Manual. All forms of residual paralysis, 3 mos+, are coded to the X-Code, by site and etiology.</p> <p>VASCULAR LESIONS AFFECTING CENTRAL NERVOUS SYSTEM (330-334) For NHS, categories 330-334 include the listed conditions with or without hypertension and/or arteriosclerosis, and with or without residuals. For NHS, effective July 1, 1961, categories 330-334 will collect an unduplicated count of persons who report "stroke," "brain clot," brain hemorrhage, or anything else in ICD 330-334, regardless of date of onset, and of whether there were residuals, or of what the residuals might be. No person will be given more than one code in 330-334, even though he may have had more than one "stroke." If the person has chronic mental residuals, or impairments in the X-Code, code them also. "Strokes" etc; 3 mos+, of <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>
344			<p>OTHER AND ILL-DEFINED VASCULAR LESIONS AFFECTING CENTRAL NERVOUS SYSTEM For NHS, <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> <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>

Content	Not used	New code	Category Title
	351		<p>(330-357)--Continued</p> <p>CEREBRAL SPASTIC INFANTILE PARALYSIS</p> <p>For NHS, code all forms of cerebral palsy (with paralysis), and synonyms, to X50, with the specified etiology. If not specified, use etiology code "0" unknown. Residuals of birth injury of any kind are coded only according to the effect specified, if the person is 3 months of age or over; if no effect is specified, code X99.X. <u>See also</u> Medical Coding Manual, Section VI, H.</p>
	352		<p>OTHER CEREBRAL PARALYSIS</p> <p>For NHS, all forms of residual paralysis, 3 mos+, are coded to the X-Code. If the cause of paralysis, 3 mos+, is "stroke," "brain clot," brain hemorrhage, 3 mos+, use the X-Code number, and code 330-334 also. When the cause of paralysis is any continuing present chronic disease, such as arteriosclerosis, hypertension, multiple sclerosis, code the chronic disease also. Paralysis, -3 mos, of specified cause, code cause only.</p> <p>Paralysis or any effect of injury or poisoning, 3 mos+, is coded to the effect with 9 in the 4th digit.</p> <p><u>See also</u> Medical Coding Manual, Section VI, H.</p>
353			<p>EPILEPSY (353.0-353.3)</p> <p>For NHS, code any injury, -3 mos, related to epilepsy, (and synonyms) to one of the codes 800-999, by type of injury reported. If the epilepsy is of recent onset (-3 mos) and is due to injury, -3 mos, do not code the epilepsy. If the epilepsy is due to an old injury (3 mos+), code 353.9 only.</p> <p>If any psychiatric disorder in 300-327 is reported with epilepsy, code the epilepsy and <u>also</u> the disorder; code psychosis due to epilepsy to 308.1.</p>
353.3			<p>OTHER AND UNSPECIFIED EPILEPSY</p> <p>For NHS, <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</p> <p><u>Includes</u> migraine, or migraine headache due to nerves and/or allergy; code 354 only.</p>
355			<p>OTHER DISEASES OF BRAIN</p> <p><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</p> <p><u>Exclude</u> residual paralysis, paraplegia, 3 mos+; code to X-Code by site and cause, if known.</p>

APPENDIX III

Content	Not used	New code	Category Title
360			<p>DISEASES OF NERVES AND PERIPHERAL GANGLIA (360-369) For NHS, all types of neuralgia and neuritis, and any other condition, <u>3 mos+</u>, due to injury or poisoning, are coded to the resulting condition with 9 in 4th digit. "Pressure pains" of or arising in pregnancy are coded to 648.4, unless indicated to be serious (642.5). Code neuralgia, neuritis, sciatica, radiculitis, due to "disc" conditions (735), use of alcohol (322) or any active <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. Any type of residual palsy or paralysis, of face, <u>arm</u>, <u>leg</u>, <u>foot</u>, 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 <u>disease</u>.</p>
361			<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</u> notes above.</p>
362			<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>
363			<p>BRACHIAL NEURITIS <u>Includes</u> neuritis, neuralgia, radiculitis, of any or multiple sites involving shoulder(s) and/or any part(s) of one or both upper extremities.</p> <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 <u>excludes</u> neuritis, neuralgia, radiculitis of back (366). <u>Includes</u> neuralgia or neuritis--described as "sciatic"- of back, hip, or lower extremities.</p>

Content	Not used	New code	Category Title
364			(360-369)--Continued POLYNEURITIS AND POLYRADICULITIS For NHS, <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).
367			OTHER DISEASES OF CRANIAL NERVES For NHS, <u>include</u> disturbance or loss of sense of taste or smell, NEC, -3 mos; <u>exclude</u> these if 3 mos+ (X12).
368			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. See also notes above 360.
380			OTHER DISEASES AND CONDITIONS OF EYE (380-389) For NHS, for special rules for coding eye diseases and blindness and other defects of vision, <u>see</u> Medical Coding Manual, Section VI, B. See also Appendix I, categories X00-X02, X05, and <u>special</u> 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.
384			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 to X05, if 3 mos+, and not blind in either eye.
			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).

APPENDIX III

Content	Not used	New code	Category Title
385			<p>(380-389)--Continued</p> <p>CATARACT</p> <p>For NHS, <u>includes</u> 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:</p> <p>AFFECTIONS OF RETINA, NEC</p> <p><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.</p> <p><u>Exclude</u> retrolental fibroplasia in infants under 1 year of age (777).</p>
387			<p>GLAUCOMA</p> <p><u>Includes</u> glaucoma, all forms. If due to specified active chronic disease, code the disease also.</p>
388			<p>OTHER DISEASES OF EYE</p> <p><u>Include:</u> ptosis (prolapse of eyelid); "light hurts eyes" (photophobia); "eyestrain," NEC; <u>eye trouble</u>, NEC.</p> <p><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</p> <p><u>See</u> Medical Coding Manual, Section VI, B.</p>

Content	Not used	New code	Category Title
			<p>DISEASES OF EAR AND MASTOID PROCESS (390-398)</p> <p>For NHS, colds and acute upper respiratory infections in 470-475 resulting in acute ear infections in 391-393 are coded to 391-393 only. Ear infections in 391-393 accompanying or due to infectious diseases in 001-138 are coded to 001-138 only.</p> <p>For NHS method of coding deafness and other hearing impairments and their causes, <u>see</u> Medical Coding Manual, Section VI, C.</p>
390			<p>OTITIS EXTERNA</p> <p><u>Includes</u> boil in ear and infections of outer ear.</p> <p><u>Excludes</u> fungus infections of ear, assumed to be of the outer ear or skin of ear, and coded to 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</p> <p>SCARRED OR PERFORATED EAR DRUM</p> <p>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</p> <p><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."</p> <p><u>Exclude:</u> absence of ear; code to X90.</p>
397			DEAFMUTISM. Code to X06.
398			OTHER DEAFNESS. Code to X06-X09.

APPENDIX III

Content	Not used	New code	Category Title
			RHEUMATIC FEVER AND CHRONIC RHEUMATIC HEART DISEASE (400-416) Note: For NHS, rheumatic fever and rheumatic heart disease, of <u>any onset</u> , are characterized as chronic—with the code of "1" in Col (aa). <u>Effective July 1, 1961</u> , rules for establishing inactivity of rheumatic fever, and when to use 401 or 410-416, are revised as follows because of changes in the questionnaire beyond Col (aa).
400			RHEUMATIC FEVER WITHOUT MENTION OF HEART INVOLVEMENT For NHS, <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 Cols (h), (n), or (o) or Table II.
401			RHEUMATIC FEVER WITH HEART INVOLVEMENT For NHS, <u>includes</u> reports of rheumatic fever, <u>with</u> rheumatic heart disease provided the rheumatic heart disease had its <u>onset in past 3 months</u> .
	403		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 and blank in Col (r).
			CHRONIC RHEUMATIC HEART DISEASE (410-416) For NHS, categories 410-416 are to be used when the listed conditions are 3 most, with or without mention of rheumatic fever. Conditions in 410-416, or 400-403, do not combine with hypertension and/or arteriosclerosis; code the latter separately. When more than one valve in 410-416 is mentioned, code each one.

Content	Not used	New code	Category Title
420.0			<p>DISEASES OF HEART in 420-434, 435 ARTERIOSCLEROTIC HEART DISEASE, SO DESCRIBED For NHS, <u>includes</u> heart disease in the exact wording of this title, 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 NHS, <u>includes</u> endocarditis, or valvular heart disease, or any condition in 421.0-421.4, <u>at any date of onset</u>, 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>
422.1			<p>OTHER MYOCARDIAL DEGENERATION (422.0-422.2) For NHS, any condition codable to 422 combines with hypertension, to be coded to the hypertensive heart group, in 440-443, by the type of hypertension specified. If conditions in 420.0-420.2 are <u>also</u> present, code all to 420.0-420.2, only. <u>See also</u> notes under 422.1 and 433.</p> <p>MYOCARDIAL DEGENERATION WITH ARTERIOSCLEROSIS For NHS, <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 NHS, the rarely reported conditions in 430-432 must be further described as "bacterial," "septic," "toxic," or a related term, in order to use the codes 430-432; the modifier "acute," alone, does not change the diagnosis code number for endocarditis, myocarditis, pericarditis, or any other heart condition. Whether acute or chronic, all heart diseases and symptoms of any kind, of any date of onset, are coded as chronic in Col (aa) of the questionnaire.</p>

APPENDIX III

Content	Not used	New code	Category Title
433			<p>(420-435)—Continued</p> <p>FUNCTIONAL DISEASES OF HEART</p> <p>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 specified <u>disease of heart</u>, elsewhere classifiable, code that disease only; if due to "nerves" (and synonyms) code to 315.0-315.2, only. Conditions codable to 433, 435, or 782.0 (<u>pain in heart</u>) will not combine with any conditions except when conditions in 420 are also present, in which case code to 420.0-420.2, only.</p>
433.1			<p>OTHER DISORDERS OF HEART RHYTHM</p> <p><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</p> <p><u>Exclude</u> disordered action of heart; code to 433.1; heart murmur, cause unspecified (435); and pain in heart (782.0).</p>
434.0			<p>OTHER AND UNSPECIFIED DISEASES OF HEART (434, 435)</p> <p>For NHS, any condition in 434, with <u>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>
434.4			<p>KYPHOSCOLIOTIC HEART DISEASE</p> <p>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>
435		435	<p>UNSPECIFIED DISEASE OF HEART</p> <p>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> <p>HEART MURMUR (FUNCTIONAL), CAUSE UNSPECIFIED</p> <p>Code by the rules under 433. See 433.</p>

Content	Not used	New code	Category Title
442			<p>HYPERTENSION (HIGH BLOOD PRESSURE) WITH HEART AND CERTAIN OTHER CONDITIONS, ICD 440-447</p> <p>For NHS, <u>includes</u> hypertension alone, or in combination with: arteriosclerosis in 450; <u>heart conditions of the kinds in 422 or 434</u>; and nephritis and kidney trouble as outlined in 442 and 446, below.</p> <p>For hypertension with cerebral vascular lesions, <u>see</u> notes for 330-334, this Appendix.</p> <p>For hypertension with nephritis, <u>see also</u> notes for 590-594, and 603.</p> <p>Hypertension and arteriosclerosis are not to be combined with rheumatic heart conditions; code all rheumatic heart conditions separately.</p> <p>Hypertension and arteriosclerosis may combine with endocarditis in 421, but is coded to 421, only.</p> <p>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</p> <p>For NHS, <u>includes also</u>: nephritis (or synonyms), 3 mos+, 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</p> <p>For NHS, <u>includes</u> high blood pressure (hypertension) with or without arteriosclerosis in 450, <u>but with</u> heart diseases of the kinds 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</p> <p>For NHS, includes also high blood pressure (hypertension) NOS, or with arteriosclerosis in 450. If hypertension is malignant, <u>see</u> 445, in Vol. 1.</p> <p>HYPERTENSION WITH ARTERIOLAR NEPHROSCLEROSIS</p> <p>For NHS, <u>includes</u> same provisions as in 442, but <u>without</u> heart conditions.</p>

APPENDIX III

Content	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>GENERAL ARTERIOSCLEROSIS (450.0-450.1)</p> <p><u>Includes</u> arteriosclerosis (and synonyms) with or without gangrene due to it, as per ICD. <u>Excludes</u> 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 <u>to</u>, the following:</p> <table> <tbody> <tr><td>Vascular lesions, central nervous system.....</td><td>330-334</td></tr> <tr><td>Paralysis agitans.....</td><td>350</td></tr> <tr><td>Angina, coronary, and others in.....</td><td>420.0-</td></tr> <tr><td></td><td>420.2</td></tr> <tr><td>Chronic endocarditis in.....</td><td>421</td></tr> <tr><td>Heart disease in 422 or 434.....</td><td>422.1</td></tr> <tr><td>Hypertensive conditions in.....</td><td>440-447</td></tr> <tr><td>(See also notes under 442 and 446)</td><td></td></tr> <tr><td>Conditions in 451.....</td><td>451</td></tr> <tr><td>"Poor circulation," NOS.....</td><td>450.0</td></tr> <tr><td>Arteriosclerosis is not to be combined with heart conditions codable to 400-416, 430-433, 435, or 782.0</td><td></td></tr> </tbody> </table>	Vascular lesions, central nervous system.....	330-334	Paralysis agitans.....	350	Angina, coronary, and others in.....	420.0-		420.2	Chronic endocarditis in.....	421	Heart disease in 422 or 434.....	422.1	Hypertensive conditions in.....	440-447	(See also notes under 442 and 446)		Conditions in 451.....	451	"Poor circulation," NOS.....	450.0	Arteriosclerosis is not to be combined with heart conditions codable to 400-416, 430-433, 435, or 782.0	
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Arteriosclerosis is not to be combined with heart conditions codable to 400-416, 430-433, 435, or 782.0																									
454			<p>ARTERIAL EMBOLISM AND THROMBOSIS</p> <p>For NHS, <u>include</u> also "clot (blood)" of any artery of any site except brain (332), heart (420.1), lung (465) and intestine or mesentery (570.2). <u>Exclude</u> "clot" of vein, or specified sites when vein or artery is not mentioned; <u>see</u> 466.</p>																						
466			<p>OTHER VENOUS EMBOLISM AND THROMBOSIS</p> <p>For NHS, <u>include</u> also "clot" NOS (blood) (vein) of leg, arm, or other parts of extremities. <u>Exclude</u> "clot" of brain (332); heart (420.1); lung (465); intestine or mesentery (570.2); and "clot" in <u>arteries</u> of specified sites. Code clot of specified sites as indexed under "Thrombosis" in Vol. II.</p>																						
467.2			<p>OTHER AND UNSPECIFIED CIRCULATORY DISEASES</p> <p><u>Includes</u> "broken veins NOS" or specified site; <u>exclude</u> "hemorrhage," site unknown (467.3); and "poor circulation," NOS (467.4).</p>																						

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

Content	Not used	New code	Category Title
470			<p>(470-527.2)--Continued</p> <p>ACUTE NASOPHARYNGITIS (COMMON COLD)</p> <p>For NHS, <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</p> <p>For NHS, <u>includes also</u> "sinus" conditions, -3 mos, NEC.</p>
472.0			<p>SORE THROAT, UNQUALIFIED</p> <p>For NHS, <u>includes</u> sore, inflamed, infected throat, unknown cause, -3 mos; if 3 mos+, code 512.0-</p>
473			<p>ACUTE TONSILLITIS</p> <p>For NHS, <u>includes</u> adenoids or tonsils "bad," diseased, enlarged, infected, -3 mos; if 3 mos+, code 510.0.</p>
475			<p>ACUTE UPPER RESPIRATORY INFECTION OF MULTIPLE OR UNSPECIFIED SITES</p> <p>For NHS, <u>see</u> notes above 470.</p>
			<p>PNEUMONIA (490-493)</p> <p>For NHS, beginning July 1, 1958, the categories 490 and 491 will not be used. Code pneumonia, indexed by ICD to 490 or 491, to 493.</p> <p>Conditions in 470-475, occurring in the <u>same episode of illness</u> with conditions in 492 or 493 may be coded to 492 or 493 only. <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</p> <p><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.</p>
			<p><u>See also</u> 525.</p> <p><u>Excludes</u> "virus pneumonia" (492); <u>includes</u> pneumonia NEC with pleurisy.</p>
			<p>BRONCHITIS (500-502)</p> <p>For NHS, asthma NOS or bronchial, is coded to 241. If bronchitis is also reported but is not stated to be allergic, code it separately, to 500 or 502, by date of onset. <u>See also</u> notes under 241.</p>

Content	Not used	New code	Category Title
500			(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.
502			CHRONIC BRONCHITIS (502.0, 502.1) For NHS, bronchitis, and the listed conditions must be 3 mos+, to be coded to 502.0, 502.1. If bronchitis is -3 mos, code 500, and code emphysema to 527.1.
510.0			HYPERTROPHY OF TONSILS AND ADENOIDS WITHOUT MENTION OF TONSILLECTOMY OR ADENOIDECTOMY For NHS, <u>includes</u> "bad," diseased, enlarged, infected, tonsils (and adenoids), 3 mos+, <u>whether or not removal of them is also reported</u> . In Table II, if date of onset is not known, assume the condition to be chronic and code 510.0 in Col. (h), and <u>record surgery, if done, in Col. (i), by the rules for coding operations</u> .
	510.1		HYPERTROPHY OF TONSILS AND ADENOIDS WITH TONSILLECTOMY OR ADENOIDECTOMY <u>See notes for 510.0</u>
517			OTHER DISEASES OF UPPER RESPIRATORY TRACT Exclude "throat infection" NEC; if acute, code 472.0; chronic, code 512.0 Exclude ulcer or ulceration of nose or septum; code 512.1 any date of onset, as for "Rhinitis, ulcerative."
519			PLEURISY <u>Excludes</u> pleurisy NEC with pneumonia NEC (493). <u>See also</u> 490-493.
525			OTHER CHRONIC INTERSTITIAL PNEUMONIA For NHS, <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.
526			BRONCHIECTASIS For NHS, <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.
527.2			OTHER DISEASES OF LUNG AND PLEURAL CAVITY For NHS, <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.

APPENDIX III

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 NHS, 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 NHS, code loss, deficient number, of teeth, and other structural defects of teeth, 3 mos+, to X92; if -3 mos, cause NEC, code to 535. Code "cutting, wisdom teeth" NEC to 533.1.
535			OTHER DISEASES OF TEETH AND SUPPORTING STRUCTURES <u>Include:</u> "broken tooth," and loss or extraction of tooth, cause unknown, -3 mos. <u>Exclude</u> "broken tooth," -3 mos, due to injury NEC (873); and loss of teeth, 3 mos+, (X92).
539.0			FUNCTIONAL DISORDERS OF ESOPHAGUS For NHS, <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		OTHER DISEASES OF STOMACH AND DUODENUM Stomach trouble or disease, NOS
	545.1		Diseases in 545 except 545.0 <u>Exclude</u> spasm of stomach (544.1)

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

APPENDIX III

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. Liver trouble or disease NOS. <u>Excludes</u> "enlarged liver" (785.1) Diseases in 583 except 583.0. <u>Excludes</u> hepatitis NOS (092).
586		586.0 586.1	OTHER DISEASES OF GALLBLADDER AND BILIARY DUCTS Gallbladder disease or trouble, NOS 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
			(590-637)--Continued
603		603.0 603.1 603.3	<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</p> <p><u>Includes</u> kidney or renal failure; kidney or renal dropsy without mention of nephritis (or synonyms); "kidney doesn't function properly"; congested kidney.</p> <p><u>Excludes</u> symptoms in 786.0-786.5, 789, 792.</p> <p><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 MASTITIS 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

APPENDIX III

Content	Not Used	New Code	Category Title
			<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><u>HYPEREMESIS GRAVIDARUM</u></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><u>MINOR COMPLAINTS DURING PREGNANCY</u></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><u>DELIVERY BY CESAREAN SECTION OR BIRTH WITHOUT MENTION OF COMPLICATION FOR WHICH IT WAS DONE</u></p>
	688.4		<p><u>MINOR COMPLAINTS DURING PUERPERIUM</u></p>
689			<p><u>MASTITIS AND OTHER DISORDERS OF LACTATION</u></p> <p>For NHS, include these conditions occurring during any part of the nursing period.</p>

Content	Not used	New code	Category Title
			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. See also 242-245. <u>Exclude</u> also rash NOS (788.2) and "knots," "lumps," "bumps" (797).
690.0			BOIL AND CARBUNCLE OF FACE For NHS, <u>excludes</u> boil (and synonyms) of ear (390).
694			ACUTE LYMPHADENITIS For NHS, <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).
701			ECZEMA For NHS, <u>excludes</u> eczema due to allergy (245).
702			OCCUPATIONAL DERMATITIS For NHS, code poison ivy, and skin symptoms and diseases due to poison ivy and other plants, of occupational origin, to 702.0, <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.
703			OTHER DERMATITIS For NHS, code skin symptoms and diseases, not specified as occupational, due to the irritants in 703.0-703.6 in the same manner in relation to allergy as outlined under 702.
715			CHRONIC ULCER OF SKIN For NHS, <u>includes</u> "ulcer" NOS, as in ICD, but if the schedule indicates in Col. (d-5), or elsewhere that stomach or duodenal ulcer is meant, code to 540, 541. <u>Includes</u> also "open leg", and "open" or "running" sores, 3 mos+.
716			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).

APPENDIX III

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

Content	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 unspecified 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.

APPENDIX III

Content	Not used	New code	Category Title
			<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.</p> <p>Congenital disorders of internal organs, except congenital absence of lung and kidney remain as classified by ICD.</p> <p>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).</p> <p>"Since birth" can be taken to mean congenital origin for conditions that are generally or always congenital.</p> <p><u>Note:</u> For NHS, the count of conditions codable to ICD categories 750-759 becomes, essentially, only those disorders of nervous, circulatory, digestive, genito-urinary, and integumentary systems, that are said by the respondent to be congenital or present since birth, and which are <u>not</u> codable to the X-Code with X in the 4th digit.</p>
753.1	751 752 753.0		<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</p> <p>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
			CONGENITAL MALFORMATIONS (750-759)--Continued CLEFT PALATE AND HARELIP. Code to X91.X. CONGENITAL DISLOCATION OF HIP. Code to X85.X. CONGENITAL MALFORMATIONS OF SKULL. Code to X93.X. CERVICAL RIB. Code to X89.X. CONGENITAL ABNORMALITIES OF LUMBOSACRAL JOINT Code to X-Code by the type specified.
758.6			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.
759.3			OTHER AND UNSPECIFIED CONGENITAL MALFORMATIONS NEC <u>Exclude</u> congenital "absence," "extra," "deformity" of sites and types included in the X-Code.
			CERTAIN DISEASES OF EARLY INFANCY (760-777) For NHS, births of well babies, with or without routine circumcision, and infants born dead, are not coded or counted in any way. Such reports are to be deleted from the questionnaire. Prematurity or immaturity, or any other abnormality or disease of infants is, of course, coded.
760 761			INTRACRANIAL, SPINAL, AND OTHER INJURIES AT BIRTH For NHS, <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.
	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.

APPENDIX III

Content	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		JACKSONIAN EPILEPSY. Code to 353.3. <u>See also</u> 353.
780.4			<p><u>ABNORMAL INVOLUNTARY MOVEMENT</u></p> <p>For NHS purposes, effective <u>July 1, 1961</u>, this category is restricted to abnormal movement of <u>sites</u> 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. <u>However</u>, 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>, see 780.5.</p>

Content	Not used	New code	Category Title
780.5			<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>
780.7			<p>DISTURBANCE OF COORDINATION, -3 MOS For NHS, code ataxia (muscular incoordination), 3 mos+, 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>
780.8			<p>DISTURBANCE OF SLEEP <u>Excludes</u> narcolepsy; code to 355.</p>
780.X			<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 mos+, without mention of cerebral arteriosclerosis, code 780.8 and 334.</p>
781.0		780.X	<p>MENINGISMUS (Not 780.9)</p>
781.1			<p>DISTURBANCE OF VISION EXCEPT DEFECTIVE SIGHT For NHS, code "blind spots," "half vision," etc., to 388, if -3 mos; if 3 mos+, code to the X-Code by the degree of vision loss reported; if not stated specifically, code X05.</p>
781.2			<p>OCULOMOTOR DISTURBANCE. Code to 384. PHOTOPHOBIA. Code to 388.</p>

APPENDIX III

Content	Not used	New code	Category Title
	781.3		<p>SYMPTOMS—continued</p> <p>DISTURBANCE OF HEARING EXCEPT DEAFNESS</p> <p>For NHS, code to 396.1. If 3 mos+, code to the X-Code by degree of hearing loss reported. <u>See also</u> 396.1</p>
	781.4		<p>DISTURBANCE OF CRANIAL NERVES EXCEPT OPTIC, OCULOMOTOR, AND AUDITORY</p> <p>For NHS, code ptosis of eyelid to 388. Code paralysis of facial nerve (7th), -3 mos, to 360. Code disturbance or paralysis, -3 mos, of 1st, 5th, 9th-12th cranial nerves, and all conditions relative to the senses of taste or smell, -3 mos, to 367 (Other diseases of cranial nerves). Loss or impairment of sense of taste or smell, 3 mos+, is coded to X12. Code trismus (lockjaw) <u>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</p> <p>For NHS, if 3 mos+, code to X10.</p>
781.6			<p>OTHER DISTURBANCE OF SPEECH, INCLUDING ALEXIA AND AGRAPHIA, -3 MOS</p> <p>For NHS, <u>includes</u> the listed conditions and all types of aphasia, -3 mos.</p> <p><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).</p> <p><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</p> <p><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).</p> <p><u>Excludes</u> disturbance or loss of sense of taste or smell -3 mos (367), 3 mos+ (X12).</p>
781.8			ENCEPHALOPATHY. Code to 355.
	781.X		HALLUCINATIONS. (Not 781.9).

Content	Not used	New code	Category Title
782.6	782.1 782.2 782.4	782.X	PALPITATION. Code to 433.1. TACHYCARDIA. Code to 433.1. ACUTE HEART FAILURE, UNDEFINED. Code the listed conditions to 434.4 EDEMA AND DROPSY (NOT OF NEWBORN) For NHS, code dropsy, renal or kidney, to 603.3.
783.3			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).
783.5			COUGH <u>Includes</u> nervous cough and cigarette cough.
784.0 784.1 784.2 784.3 784.4 784.8 785.4			CHANGE IN VOICE, -3 MOS <u>Effective July 1, 1961, excludes</u> voice or speech difficulties, 3 mos+. See X-Code, XII, and Medical Coding Manual, Section VI, D
785.6			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 FLATULENCE. Code gas (pains) NOS to 573.3; in stomach, on stomach, to 544.2.
785.0			DIARRHEA, AGE 2 YEARS AND OVER. Code to 571.1. See 571.1
785.5		785.X	ABDOMINAL SWELLING <u>Includes</u> swelling, swollen, abdomen, stomach, intestines.
786.0			ABDOMINAL PAIN <u>Includes</u> pain in abdomen, stomach, intestines. VISIBLE PERISTALSIS. (Not 785.9)
			PAIN REFERABLE TO URINARY SYSTEM <u>Includes</u> difficulty in urination.

APPENDIX III

Content	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> <p>787.0 PARALYSIS OF LIMB, AGES 3 MOS+, ONSET -3 MOS <u>Excludes</u> paralysis of limb in infants under 3 months of age (761).</p> <p>787.1 PAIN, STIFFNESS, SPASM, TROUBLE NEC, LIMB (MUSCLES), -3 MOS</p> <p>787.2 SWELLING OF LIMB, -3 MOS</p> <p>787.3 PAIN, STIFFNESS, TROUBLE NEC, JOINT OF LIMB, -3 MOS</p> <p>787.4 SWELLING, JOINT OF LIMB, -3 MOS</p> <p>787.5 PAIN, STIFFNESS, SPASM, TROUBLE NEC, BACK (MUSCLES) SPINE, VERTEBRA, -3 MOS <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> <p>787.6 PAIN, STIFFNESS OR SPASM (MUSCULAR), NECK, -3 MOS</p> <p>787.7 PAIN, STIFFNESS, SPASM, TROUBLE NEC (ORTHOPEDIC) OTHER AND MULTIPLE, -3 MOS <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. <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 NHS, <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 notes under 286.5 and 287.</u></p>
789.0		788.X	<p>OTHER SPECIFIED SYMPTOMS NOT CLASSIFIABLE ELSEWHERE (Not 788.9) <u>Excludes</u> "low blood sugar" (270).</p>
789.8			<p>ALBUMINURIA, UNQUALIFIED <u>Includes</u> albuminuria and proteinuria of unknown cause, but of any duration, acute or chronic.</p>
			<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		NERVOUSNESS. Code to 327.
790.1			<p>DEBILITY AND UNDUE FATIGUE For NHS, <u>includes</u> overtired, overworked, overexertion, worn-out, rundown, weakness, and other terms similar to debility and fatigue. <u>Excludes</u> these if due to old age (794), or to ill-defined nervous or mental conditions in 327.</p>
	790.2		DEPRESSION. Code to 327, unless a specified type of psychosis or psychoneurosis is also reported.
794			<p>SENILITY WITHOUT MENTION OF PSYCHOSIS For NHS, <u>includes</u> "old age" (65 years and over) 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

Content	Not used	New code	Category Title
795			<p>SYMPTOMS--continued</p> <p>ILL-DEFINED AND UNKNOWN CAUSES OF MORBIDITY AND MORTALITY (795, 796, 797)</p> <p>See categories 796, 797, below.</p> <p>See Section IV of the Medical Coding Manual for special instructions about the coding of symptoms, ill-defined, and other inadequate diagnostic reports.</p> <p>Not applicable except in coding deaths.</p> <p style="text-align: center;">" " " " "</p> <p style="text-align: center;">" " " " "</p>
	795.2		
	795.3		
	795.4		
		796	<p>"GLAND TROUBLE" NOS</p> <p>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+.</p> <p><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</p> <p><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.</p>

Content	Not used	New code	Category Title
			<p>ACCIDENTS, POISONINGS, AND VIOLENCE (NATURE OF INJURY) (800-999)</p> <p>For NHS, codes 800-999 are the Nature of Injury codes, or N Codes, of ICD. The codes E800-E999 are not used; therefore the letter N is not needed before the codes 800-999.</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>

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Content	Not used	New code	ELDING procedure	Category Title	P&P show	30W Dear	-not used
(YR) (U/I TO EDITION)				ACCIDENTS, POISONINGS, AND VIOLENCE--Continued			
				Injury of any kind to the infant			
				Code for the 900-999 codes during delivery, code as for Birth injury; codes not related to the mother, code as for Delivery.			
				900-999 due to handling or contact with irritating substances causing rashes, eczema, dermatitis, -000 code as for Dermatitis, and whether occupational or not. If the word "burn" is used, code as for Burn.			
				1000-1099 to be "poisonings" or other injury codable to 001-799 to no 1000, unless it do not require Table A.			
				"Stings" of bee, or wasp, or other insect; related to code as for Poisoning, by venom (978). It poison should not be used.			
				(code 1000-1099) "Sun poisoning": code as for sunburn if poison, venom not be used.			
				"Strokes" -3 mos, due to injury: code to established bodily function the injury in 800-999, only. Under code this already "Strokes", 3 mos+, due to injury code to establish condition and the specified effect with 9 in 4th digit and code 0334.9 also.			
				Failure to obey rules to which code applies.			
				When the statements about injuries and poisoning are vague, complicated, or unusual, consult the X-Code book, or a supervisor, health and safety representative.			
				For detailed instructions in coding injuries see NHS Medical Coding Manual, Section VII			
				LATE EFFECTS OF INJURIES AND POISONINGS IN 800-979			
				Conditions, 3 mos+, due to injury, or poisoning in 960-979, are coded according to the effect specified, with 9 in the 4th digit. If the injury or poisoning happened more than 3 months ago, and no present effect is specified (as in "fractured hip, 1957"), use the code in 800-999 with 9 in the 4th digit; for exceptions to this rule for old or chronic dislocations and strains, tends not to absent See notes for 830-848.			
				Amputation or loss of eye, limbs, nose, ears, due to accident, recent or old, is coded to the X-Code with X in the first digit and 9 in the 4th digit, but after July 1, 1958, all other conditions, -3 mos, due to injury code by date of accident will have 8 or 9 in the 1st digit.			
				See notes for 830-848.			

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Content	Not used	New code	Older code(s)	Category Title	well seen	not seen	-not stated
				FRACTURES (800-829)			
				For NHS, categories 800-829 include fracture, and "broken," by site, if the specified part of the body contains bone,--as in arm, leg, hand, foot, back, neck.			
				<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.			
				adult. To assist to and "broken" or torn cartilage, muscle, tendons--			
				see also 870-879 of below see 840-848.			
				"broken veins" NOS-(467.2).			
806				FRACTURE AND FRACTURE-DISLOCATION OF VERTEBRAL COLUMN WITH SPINAL CORD LESION			
				<u>Exclude all types of paralysis, 3 mos+, due to injury; code to X-Code with 9 in the 4th digit.</u>			
825				FRACTURE OF ONE OR MORE TARSAL AND METATARSAL BONES			
				Includes "broken arches," -3 mos, if due to injury.			
				<u>Excludes "broken arches," 3 mos+, due to any cause; code to X82 by the rules for impairments.</u>			
				DISLOCATION WITHOUT FRACTURE (830-839)			
				For NHS, for all intervertebral "disc conditions," see 839 and 735. Other old (3 mos+) or habitual dislocations (and synonyms) of sites of limb, back, trunk, in 830-839, effects NEC, are coded to X70-X79 by site. Code dislocation of jaw to X92, and congenital dislocation of hip to X85X.			
				Code "rupture," "tear," "broken," "wrenched," of ligaments, muscles, cartilage, tendons of knee and other joints, as for sprain, strain, of those sites, if dislocation is not also specified in the diagnosis.			
839				OTHER, MULTIPLE, AND ILL-DEFINED DISLOCATIONS			
				For NHS, include all "disc" conditions, -3 mos, provided they are specified as due to injury.			
				<u>Exclude "disc" conditions, -3 mos, not due to injury, and all "disc" conditions 3 mos+ (735); if 3 mos+, and due to injury, code 735.9.</u>			

APPENDIX III

Content	Not used	New code	Category Title
			<p>SPRAINS AND STRAINS OF JOINTS AND ADJACENT MUSCLES (840-848) For NHS, code rupture, tear, "broken," "wrenched," of muscles, cartilage, tendons of knee and other joints to 840-848, unless <u>dislocation</u>, as in 830-839, is <u>also</u> specified in the report. For "disc" conditions, -3 mos, <u>see</u> 839, and 735. For hernia (and synonyms), -3 mos, <u>see</u> 848, and 560, 561. Old (3 mos+) sprains or strains of sites of limbs, back, trunk in 840-848 are coded to X70-X79, unless some effect, elsewhere classifiable, is specified.</p>
846			<p>SPRAINS AND STRAINS OF SACRO-ILLIAC REGION 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>
847			<p>SPRAINS AND STRAINS OF OTHER AND UNSPECIFIED PARTS OF BACK <u>Include</u> "whiplash" injury, NEC of neck region -3 mos. <u>Exclude</u> sprain, strain, 3 mos+, effect NEC, of: back NOS (X70) coccyx (X72) neck (or cervical) or upper back (X71) spine NOS (X70) vertebra NOS (X70)</p>
848			<p>OTHER AND ILL-DEFINED SPRAINS AND STRAINS <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). <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>

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Content	Not used	New code	Category Title
			LACERATION, CUT, OPEN WOUND OF SITES NOT INVOLVING SCALP, HEAD NOS, INTERNAL ORGANS (870-908) For NHS, Categories 870-908 exclude also: enucleation of eye, any onset; code as for Blindness in X00-X02, by cause; avulsion, amputation, "cut off," of limbs, any onset; code to X20-X34, by site and cause; if of nose or ear, code to X90; "smashed," "mashed," "mangled," "crushed," of extremities and sites in 996, with no information about whether there is an open wound or fracture; code to 996, by site; <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>
	871		ENUCLEATION OF EYE
	872		OPEN WOUND OF EAR <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).
	873		OTHER AND UNSPECIFIED LACERATION OF FACE <u>Includes</u> broken tooth, due to injury, NEC, -3 mos; <u>excludes</u> it 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 ("cut off") of nose or ear, any onset (X90.9)
	886		TRAUMATIC AMPUTATION OF THUMB(S)
	887		TRAUMATIC AMPUTATION OF OTHER FINGER(S)
	888		TRAUMATIC AMPUTATION OF ARM AND HAND
	896		TRAUMATIC AMPUTATION OF TOE(S)
	897		TRAUMATIC AMPUTATION OF FOOT
	898		TRAUMATIC AMPUTATION OF LEG

APPENDIX III

Content	Not used	New code	Category Title	ICD	IOM 806	WHO 806
			SUPERFICIAL INJURY (910-918)			
			For NHS, <u>includes</u> , also "skinned" of any site in 910-918.			
			CONTUSION AND CRUSHING WITH INTACT SKIN SURFACE (920-929)			
			For NHS, if there is no information as to whether the skin is broken, code crushing of extremities and sites in 996, to 996, by site.			
			CONTUSION OF EYE AND ORBIT			
			<u>Includes</u> also injury, unspecified nature, of eye (any part) and orbit; "black eye."			
			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. ^{NE} <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.			
			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.			
			EFFECTS OF POISONS (960-979)			
			For NHS, <u>see also</u> notes above 806, this Appendix.			

APPENDIX III

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Content	Not used	New code	Category	Category Title	Code
				EFFECTS OF WEATHER, EXPOSURE, AND RELATED CONDITIONS; OTHER AND UNSPECIFIED INJURIES AND REACTIONS (980-999)	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.	790
				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, damp weather, bad weather, change in temperature, "the heat," "cold," "got feet wet," or to ordinary hunger or thirst. Code these as if non-traumatic. However, specified conditions in 980-989, such as frostbite, sunburn, car sickness, and effects of <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 mos+, and has no effect specified, use 9 as the 4th digit, substituting 9 if the category in 980-999 has some other 4th digit.	
				If the original condition was codable to 980-999, but some present effect, 3 mos+, is specified, code as for all other late effects—to the present condition in 001-799, or the X-Code, with 9 in 4th digit.	
988				EFFECTS OF EXCESSIVE EXERTION Include injury NEC, -3 mos, in "one-time" heavy lifting, or due to extreme exhaustion or excessive exertion. Exclude overworked, "tired," "exhausted," "worn out," and similar terms; code these as for Fatigue in 790.1, and do not consider them as injuries.	
990				DROWNING AND NON-FATAL SUBMERSION. Include: swimming and diving injuries and effects, -3 mos, not codable to 800-979; ear conditions, -3 mos, due to swimming or diving.	
		995		CERTAIN EARLY COMPLICATIONS OF TRAUMA For NHS, code the injury only.	
996				INJURY OF OTHER AND UNSPECIFIED NATURE For NHS, includes ill-defined descriptions of injury of external sites (not involving eye, head, skull, internal sites, nerves)—such as smashed, mashed, mangled, crushed, hurt, knocked, cracked, whacked, bumped, jarred—that cannot be coded elsewhere. Use 996X, instead of 996.9, for injury, -3 mos, <u>NOS</u> . Use 996.9, for injuries, 3 mos+, with no effect specified, of the types and sites codable to 996.0-996.8, or 996X.	

APPENDIX III

Content	Not used	New code	Category Title
997			<p>980-999--Continued</p> <p>REACTIONS AND COMPLICATIONS DUE TO NON-THERAPEUTIC MEDICAL AND SURGICAL PROCEDURES</p> <p>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 <u>who were not sick before the treatment</u>; 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.</p> <p><u>Exclude</u> allergy to drugs or other substances <u>not</u> 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</p> <p>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:</p> <p>SERUM SICKNESS AND ADVERSE REACTION TO INJECTED DRUGS</p> <p>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 <u>allergy</u> to drugs not in connection with a current episode of illness (245). See also 245.</p>
999.0			<p>ADVERSE REACTION TO OTHER THERAPEUTIC PROCEDURES (999)</p> <p>EARLY COMPLICATIONS OF SURGICAL PROCEDURES</p> <p>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>
999.3 999.4 999.5			<p>LATE COMPLICATIONS OF AMPUTATION STUMP</p> <p>LATE COMPLICATIONS OF OTHER SURGICAL PROCEDURES</p> <p>OTHER LATE COMPLICATIONS OF THERAPEUTIC PROCEDURES</p>

SHORT INDEX
of
DISEASES, IMPAIRMENTS, INJURIES, AND OPERATIONS
(Revised July 1, 1961)

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
National Center for Health Statistics
July 1961

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

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

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

- 0 Unknown or unspecified origin
 - 1 Tuberculosis, any site
 - 2 Poliomyelitis
 - 3 Other infection or 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
- O other condition(s) of multiples in this accident

6th digit:

- X yes, hospitalization in past year, for this accident
- O 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
- O 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, 1961)

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below elbow, above wrist
X21
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finger(s) and/or thumbs,
only, one or both hands
X25
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hands, both X24
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below knee, above ankle
X27
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foot X29
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X31
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or thumb(s) and toes
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 nal
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 cause unknown 396.1*
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- Disability, special learning X14
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- blood 299
- bowel NOS 578.0*
- brain NEC 355
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- circulatory NOS 467.4*
- ear 396.1*
- eye 388*
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- female 637.2*
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 App III, 400-443, and
 Manual, Section IV, 0)
 with:
 angina (and hypertension)
 (and arteriosclerosis)
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- arteriosclerosis 422.1*
 and hypertension 443*
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 hypertension) (and
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lower 823
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arteriosclerosis, brain 334

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rosis) 443

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3 mos+: code to Partial
Paralysis, by site

Indigestion 544.2

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chronic 512.0

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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.

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 face (and neck) 996.0
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 neck 996.0
 rib(s) 996.1
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Itching (skin) (pruritus) 708.5
 any site, due to:
 allergy 245*
 nerves 317.2
 anus (rectum) 708.0
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 367*
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 Malocclusion X92
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 Injury, unspecified
 Mastitis (breast) (acute) 621.0
 chronic 620
 cystic 620
 puerperal, or any part of
 nursing period 689
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 with pneumonia 085.1*
 German (with cold) 086*
 Menopause, menopausal symptoms
 (nervous), not psychosis:
 code 635 only
 with psychosis: code 302 only
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 chosis
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 livery
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 Morning sickness (pregnancy) 648.4*
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 "normal"--don't code

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 -3 mos
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 (collapse) (disorder) (shock)
 (depression) (tension) (weakness) (worry) -ill-defined,
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 due to:
 arteriosclerosis, brain (or others in 330-334) 327*: code also condition in 330-334
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 back, spine, or vertebra, any part
 AND
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wrist(s) (and hand(s)) X74
 and arm(s) X73

Overactive thyroid 252.0
 Overeating-- 286.5* (see also Diet problems)
 Overexertion 790.1*
 Overtired 790.1*
 Overweight --
Note: At any age or onset, if due to specified cause (thyroid) (overeating), code cause only. (See also App. III, 286.5, 287, and 788.4)
 -1 yr (infants) 773.0
 1 yr+, onset -3 mos, 788.4*
 onset, 3 mos+:
 cause unknown X96.0
 due to overeating 286.5*
 familial X96.Y
 hereditary X96.Y

- P -

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

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 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*

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 weak-
 ness and lesser paralytic resid-
 uals, 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 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

spine NOS X49

throat or tongue X69

with speech impaired X11

toe(s) only X45

trunk NEC X49

with both legs X44

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 X69

with speech involvement

X11

leg(s) (and feet) X52

"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

- Paraplegia, paraplegic (3 mos+) X44
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- Paresis--see Paralysis, partial, by site
- Penicillin reaction (allergic)
 with current illness 998.2*
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- Phlebitis 464
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 due to:
 "disc" conditions--see "Disc" injury, -3 mos, see Injury, nerve
- Pink eye 370
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 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
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 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 pregnancy 642.0
 minor complaints (headaches, backaches, frequent urination) 648.4*
 varicose veins 648.3
 vomiting (mild) 648.4*
 pernicious 642.4
 with delivery: code Delivery only
- Prickly heat 714.0
- Psychosis, psychotic reaction NEC 309
 due to physical causes--see App. III, 300-309.
- Puerperal conditions, within 2 months after delivery--see also Vol. II.
 with delivery--code delivery only
 hemorrhage following delivery, new admission: 688.3
 infection 681
 breast, any time during nursing period 689
 minor complaints (headache, backache) 688.4*
- Pus--code as for Infection
 in urine 789.2
- Pylorospasm 544.1*
 due to nerves 316.2*
- Pyorrhea 532.1

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Quadriplegia, 3 mos+ X48

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Rapid heart 433.1*
due to nerves 315.0

Rash (skin) 788.2
due to:

allergy 245*
heat 714.0

"nerves" 317.3

substances--see Dermatitis

Retroental fibroplasia (see also
Manual, Section VI)

-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*

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onset 3 mos+ 416*

Rheumatic heart disease:

onset -3 mos 401.3*

onset 3 mos+ 416*

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(inflammatory NEC*) 727

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Ringing in ears 396.1*

Ringworm 131

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Strain

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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

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Shock 782X*

"nervous" or mental 327*

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Sinusitis (chronic) 513

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eye (infection) 379

indicating infection--see Infec-
tion

muscles--code as for Pain, by site*

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

throat (acute) 472.0

with cold 475*

chronic 512.0

Spasm(s), spastic--see below and

also App. III, 780.4, 787;

Section VI, H, 3 and I, of

the Manual; and Vol II

Spasm(s) (muscles)
 colon 573.2
 due to "nerves" 316.1
 eyelid 780.4*
 face 780.4*
 heart NEC 434.4*
 limbs, back, trunk, NEC,: code as
 for "Trouble" of those sites
 pylorus 544.1*
 stomach 544.1*
 due to "nerves" 316.2
"Spastic" (muscles)
 since birth: code as for
 Cerebral Palsy
 not since birth:
 unspecified site, or of the
 limbs, back, trunk: code
 as for Palsy
 colon--see Spasm, colon
 stomach--see Spasm, stomach
 Speech defect
 with cleft palate X91.X
 -3 mos 781.6*
 3 mos+ NEC X11
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 -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)
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 chronic NEC X70
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 chronic NEC X70
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 hip (and thigh) 843
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 chronic NEC X76
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 Note: For Stiffness ("rigid")
 (joint) (muscle), 3 mos+, see ORTH
 IMP, by site.
 back 787.5*
 jaw 787.7*
 joints of limb(s) 787.3*
 limbs 787.1*
 neck 787.6*
 Sting, bee or wasp 978
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 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 dis-
 eases--see App. III, 330-
 334, and 352, and Section
 H of Manual
 Stuttering, 3 mos+ X10
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 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
 joints(s), of limb(s) -3 mos
 787.4*
 limb(s) -3 mos 787.2*
 stomach 785.0*

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Tear, torn
 cartilage--see also Sprain, strain
 knee (semilunar) 844*

flesh NEC--see Wound, open

internal organ--see Injury, internal

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Teething 533.1
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Tension (nervous) 327*

Thrombosis (see also Vol. II)
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 -3 mos 473*
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 3 mos+ 510.0

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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

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"Trouble"--see also Disease (of), by site
 -3, mos:
 back 787.5*
 hearing 396.1*
 joints of limbs 787.3*
 limbs 787.1*
 seeing 388*
 speech 781.6*
 swallowing 539.0*
 due to nerves 316.3*
 walking 787.7*

3 mos+:
 back, limbs, neck, trunk--see ORTH IMP by site
 hearing NEC X09
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 seeing--see Vision, poor
 speech NEC X11
 swallowing 539.0*
 due to nerves 316.3*
 walking NEC X79

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 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

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 gum 536*
 nose 512.1*
 skin (chronic) NEC 715
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 perforating 540.1
 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 773.0
 - 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
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other sites--see Vol. II
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"Virus" (infection) (with diarrhea)
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Vision "blurred," "half," defective,
poor-not blind--see also
Manual, Section VI, B

- 3 mos: code cause if known
cause unknown 388*
- 3 mos+: one or both eyes X05
"double," any onset 384*

Vomiting 544.2*

- blood 784.5
- frequent, pernicious 544.2
- in pregnancy (abnormal) 642.4
- "nervous," "due to nerves"
316.2
- pregnancy (minor) 648.4*
- "normal"--do not code

- W -

Water on knee 738

Wax in ear 396.1*

Weak, weakness

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

- site and type unspecified
 - 1 yr 773.0
 - with immaturity 773.5
 - 1 yr - 64 yrs 790.1
 - 65 yrs+ (old age) (with
"nerves" NEC) 794
 - arches (chronic) X82
 - back -3 mos 787.5*
 - "bladder" or "kidney" 786.2*
 - emotional or personality prob-lem 321.3*

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eye muscles 384*

heart 434.4*

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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*

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arm, one only NEC 885
 upper (and shoulder) 880
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eye, eyelid 870
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 of both hands 903
foot, except toe(s) only 893
hand, one only 883
 both hands 903
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 both legs 901
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