ICD–10–CM PREVIEW

Chapter 19:
Injury, Poisoning and Certain Other Consequences of External Cause Categories S00–T98
Official Coding Guidelines: Sections 1.C.19. p. 59

- S00–S09  Injuries to the head
- S10–S19  Injuries to the neck
- S20–S29  Injuries to the thorax
- S30–S39  Injuries to the abdomen, lower back, lumbar spine, pelvis and external genitals
- S40–S49  Injuries to the shoulder and upper arm
- S50–S59  Injuries to the elbow and forearm
- S60–S69  Injuries to the wrist and hand
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S CODES

- Designed for reporting different types of injuries related to single body regions.
- Blocks cover single body regions with category codes
- Represent various types of injuries or specific anatomical parts involved in the injuries.

S00–S09  Injuries to the head

- S00  Superficial injury of head
- S01  Open wound of head
- S02  Fracture of skull and facial bones
- S03  Dislocation and sprain of joints and ligaments of head
- S04  Injury of cranial nerve
- S05  Injury of eye and orbit
- S06  Intracranial injury
- S07  Crushing injury of head
- S08  Avulsion and traumatic amputation of part of head
- S09  Other and unspecified injuries of head
S CODES

- All of the blocks follow a similar format.
- *Includes* note provided at the beginning of many of the blocks identifies the anatomical structures covered in each block:
  - Injuries to the thorax (S20–S29)
    - *Includes:* injuries of breast
    - injuries of chest (wall)
    - injuries of interscapular area

S CODES

- S32 Fracture of lumbar spine and pelvis

- The following 7th character extensions are to be added to each code for this category:
  - A Initial encounter for closed fracture
  - B Initial encounter for open fracture
  - D Subsequent encounter for fracture with routine healing
  - G Subsequent encounter for fracture with delayed healing
  - J Subsequent encounter for fracture with nonunion
  - Q Sequela
Seventh-character extensions

A: Initial Encounter
- Used when patient is receiving active treatment
- Surgical treatment,
- ED encounter,
- Evaluation and treatment by new physician

D: Subsequent Encounter
- After the patient has received active treatment of injury & is receiving routine care for the injury during healing or recovery phase
  - Cast change/removal, removal of external or internal fixation device, medication adjustment, other aftercare and followup visits following injury treatment
  - Aftercare Z codes not used for aftercare for injuries; assign acute injury code with the 7th character D
Seventh-character extensions

- **S: Sequela**
  - Use for complications or conditions that arise as a direct result of an injury, such as scar formation after a burn.
  - Use both the injury code that precipitated the sequela and the code for the sequela itself.
  - The “S” is added only to the injury code, not the sequela code.
    - The “S” extension identifies the injury responsible for the sequela.
  - The specific type of sequela (e.g. scar) is sequenced first, followed by the injury code.

S Codes -- Laterality

- Defined at fourth-, fifth-, or sixth-character level
- For example:
  - S40 Superficial injury of shoulder and upper arm
    - S40.0 Contusion of shoulder and upper arm
      - S40.01 Contusion of shoulder
        - S40.011 Contusion of right shoulder
        - S40.012 Contusion of left shoulder
      - S40.019 Contusion of shoulder, unspecified side
S Codes

- Directed to code associated injuries.
- For example:
  S21  Open wound of thorax
  Code also any associated injury (to) (such as):
    - heart (S26.–)
    - intrathoracic organs (S27.–)
    - rib fracture (S22.3–, S22.4–)
    - spinal cord injury (S24.0–, S24.1–)
    - traumatic hemothorax (S27.1)
    - traumatic hemopneumothorax (S27.3)
    - traumatic pneumothorax (S27.0)
    - wound infection

Burns & Corrosion: T 20–32

- Burn codes are for thermal burns, except sunburns, that come from a heat source
  - Also used from electricity & radiation
- Corrosions are burns due to chemicals
- The block includes various codes that first identify the anatomic site of the burn and then identify the degree of the burn with fourth and fifth characters. For example:
Burns & Corrosions

- T21 Burn and corrosion of trunk
  - T21.0 Burn of unspecified degree of trunk
  - T21.1 Burn of first degree of trunk
    - T21.10 Burn of first degree of trunk, unspecified site
    - T21.11 Burn of first degree of chest wall
    - T21.12 Burn of first degree of abdominal wall
    - T21.13 Burn of first degree of upper back
    - T21.14 Burn of first degree of lower back
    - T21.15 Burn of first degree of buttock
    - T21.16 Burn of first degree of male genital region
    - T21.17 Burn of first degree of female genital region
    - T21.19 Burn of first degree of other site of trunk

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Burns & Corrosions

- Fifth and sixth characters identify the percent of third degree burns.
- All of the codes for burns direct the coder to use an additional external cause code to identify the source, place, and intent of the burn.
- Similarly, the codes for corrosions direct the coder to code first the chemical and the intent, and to use an additional code to identify the place.
Frostbite

- The ICD-10-CM codes for frostbite have been expanded from one code in ICD-9-CM to two in ICD-10-CM:
  - Code T33 is used to code superficial frostbite.
  - Code T34 is used to code frostbite with tissue necrosis.
- T33 Superficial frostbite
  - T33.0 Superficial frostbite of head
  - T33.01 Superficial frostbite of ear
    - T33.011 Superficial frostbite of right ear
    - T33.012 Superficial frostbite of left ear
  - T33.019 Superficial frostbite of unspecified ear

Poisonings & Adverse Effects

- ICD-10-CM does not provide codes that differentiate between poisonings and adverse effects.
- The various codes in the block T36 through T50 (Poisoning by, adverse effects of and underdosing of drugs, medicaments and biological substances) identify the substances that caused the adverse effect.
- Fifth and sixth characters indicate the circumstances that caused the adverse effect, such as accidental poisoning or adverse effect, intentional self-harm, assault, or undetermined cause.
T36 Poisoning by, adverse effect of and underdosing of systemic antibiotics
  ◦ T36.0 Poisoning by, adverse effect of and underdosing of penicillins
    • T36.0x1 Poisoning by penicillins, accidental (unintentional)
    • T36.0x2 Poisoning by penicillins, intentional self– harm
    • T36.0x3 Poisoning by penicillins, assault
    • T36.0x4 Poisoning by penicillins, undetermined
    • T36.0x5 Adverse effect of penicillins
    • T36.0x6 Underdosing of penicillins

Code to Accidental Intent

- The coder is directed to code to accidental poisoning when there is no intent indicated in the documentation.
- The code for undetermined intent should be used only when specific documentation in the record indicates that the intent could not be determined.
4th Characters specify drugs

- Other fourth-character subclassification codes in T36 identify poisoning and adverse effects and underdosing of cephalosporins, substances in the chloramphenicol group, macrolides, tetracyclines, aminoglycosides, rifampicins, antifungal antibiotics, and other systemic antibiotics.

Drugs by Categories

- Other conditions assigned to block T36 include poisonings, underdosing, and adverse effects of antiinfectives and antiparasitics, hormones, nonopioid analgesics, antipyretics, antirheumatics, narcotics, psychodysleptics, anesthetics and therapeutic gases, antiepileptics, sedative hypnotics, antiparkinsonism drugs, psychotropic drugs, hematological agents, and diuretics.
Manifestations Coded

- An instructional note reminds the coder to assign an additional code or codes for all associated manifestations of toxic effect, such as respiratory conditions due to external agents (J60-J70).
- Contact with toxic substances and exposure to toxic substances are reported using codes from the T51 through T65 block. Fourth characters specify the product involved. For example:

  - T52 Toxic effect of organic solvents
    - T52.0 Toxic effects of petroleum products
    - T52.1 Toxic effects of benzene
    - T52.2 Toxic effects of homologues of benzene
    - T52.3 Toxic effects of glycols
    - T52.4 Toxic effects of ketones
    - T52.8 Toxic effects of other organic solvents
    - T52.9 Toxic effects of unspecified organic solvent
Intent of Poisoning

- Fifth and sixth characters identify the intent of the poisoning (accidental, self-harm, assault, or undetermined). For example:
  - T52.1x Toxic effects of benzene
    - T52.1x1 Toxic effect of benzene, accidental (unintentional)
    - T52.1x2 Toxic effect of benzene, intentional self-harm
    - T52.1x3 Toxic effect of benzene, assault
    - T52.1x4 Toxic effect of benzene, undetermined

- The other codes in this block are:
  - T51, Toxic effect of alcohol
  - T52, Toxic effect of organic solvents
  - T53, Toxic effect of halogen derivatives of aliphatic
  - T54, Toxic effect of corrosive substances and aromatic hydrocarbons
  - T55, Toxic effect of soaps and detergents
  - T56, Toxic effect of metals
  - T57, Toxic effect of other inorganic substances
  - T58, Toxic effect of carbon monoxide
- T59, Toxic effect of other gases, fumes and vapors
- T60, Toxic effect of pesticides
- T61, Toxic effect of noxious substances eaten as seafood
- T62, Toxic effect of other noxious substances eaten as food
- T60, Toxic effect of pesticides
- T63, Toxic effect of contact with venomous animals and plants
- T64, Toxic effect of aflatoxin and other mycotoxin food contaminants
- T65, Toxic effect of other and unspecified substances

**7th Character Extensions**

- Seventh-character extensions are used to indicate whether the visit is for the initial encounter, subsequent encounter, or encounter to address sequela of the toxic effect.
- ICD-10-CM block T66 through T78 identifies other and unspecified effects of external causes. The category codes included in this block are:
  - T66, Radiation sickness, unspecified
  - T67, Effects of heat and light
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- T68, Hypothermia
- T69, Other effects of reduced temperature
- T70, Effects of air pressure and water pressure
- T71, Asphyxiation
- T73, Effects of other deprivation
- T74, Adult and child abuse, neglect and other maltreatment, confirmed
- T75, Other and unspecified effects of other external causes
- T76, Adult and child abuse, neglect and other maltreatment, suspected
- T78, Adverse effects, not elsewhere classified

Asphyxiation

- ICD–9–CM code for asphyxiation and strangulation is 994.7.
- In ICD–10–CM, asphyxiation is coded as:
  - T71.1, Asphyxiation due to mechanical threat to breathing
  - T71.2, Asphyxiation due to systemic oxygen deficiency due to low oxygen content in ambient air
  - T71.9, Asphyxiation due to unspecified cause
Asphyxiation

- ICD–10–CM subcategory codes T71.1 and T71.2 include several fifth and sixth characters. For example:
  - T71.22 Asphyxiation due to being trapped in a car trunk
  - T71.221 Asphyxiation due to being trapped in a car trunk, accidental

Complications of trauma

- ICD–10–CM category T79 (Certain early complications of trauma, not elsewhere classified) includes four-character subclassification codes for specific conditions such as:
  - Fat embolism (T79.1)
  - Traumatic secondary and recurrent hemorrhage (T79.2)
  - Traumatic shock (T79.4)
  - Traumatic ischemia of muscle (T79.6)
Complications of surgical and medical care

- In block T80 through T88 (Complications of surgical and medical care, not elsewhere classified), the coder is advised to use an additional external cause code to identify the device and circumstances involved in the procedure that resulted in complications.

Foreign Body

- T81.5 Complications of foreign body accidentally left in body following procedure
  - T81.50 Unspecified complication of foreign body accidentally left in body following procedure
  - T81.51 Adhesions due to foreign body accidentally left in body following procedure
  - T81.52 Obstruction due to foreign body accidentally left in body following procedure
  - T81.53 Perforation due to foreign body accidentally left in body following procedure
  - T81.59 Other complications of foreign body accidentally left in body following procedure
Reflect the type of procedure

- T81.51 Adhesions due to foreign body accidentally left in body following procedure
  - T81.510 Adhesions due to foreign body accidentally left in body following surgical operation
  - T81.511 Adhesions due to foreign body accidentally left in body following infusion or transfusion
  - T81.512 Adhesions due to foreign body accidentally left in body following kidney dialysis

Mechanical Complications

- T85.4 Mechanical complication of breast prosthesis and implant
  - T85.41 Breakdown (mechanical) of breast prosthesis and implant
  - T85.42 Displacement of breast prosthesis and implant
  - T85.43 Leakage of breast prosthesis and implant
  - T85.49 Other mechanical complication of breast prosthesis and implant
Prosthesis or implants

- A similar format is used for the reporting of infections and inflammatory reactions to internal prosthesis or implants. For example:
  - T84.5 Infection and inflammatory reaction due to internal joint prosthesis
  - Use additional code to identify infection
    - T84.50 Infection and inflammatory reaction due to unspecified internal joint prosthesis
    - T84.51 Infection and inflammatory reaction due to internal right hip prosthesis

Transplanted organs

- The remaining T codes are used to code complications of transplanted organs and tissue; complications peculiar to reattachment and amputation; and other complications of surgical and medical care, not elsewhere classified.
A 17 year-old male is admitted through the ER with severe right hip pain with bone exposure after falling down several steps of stairs while helping his sister clean the house. The X-rays reveal a fracture of the femoral neck.

PMH: none

Final diagnosis: Open fracture right femoral neck with crushed tissue and wound contamination of 6–7 cm deep (type III)

Procedures performed: ORIF right femoral neck

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1. Open fracture of right femoral neck
2. Underdosing
3. Coagulopathy due to Coumadin
4. Infected Joint Prosthesis
A 75 year-old male presents to the ER with palpitations. Patient is s/p CABG x2 years and is taking Plavix. According to the patient’s son, he has not been completely compliant with taking his meds due to his financial problems.

Plan: Adjust medication and arrange for financial assistance

Final diagnosis: Underdosing of plavix

Keywords
- Diagnosis: Underdosing of medication regimen

Underdosing

- Gustillo Open Fracture Classification
  - Type I (one): clean wound less than 1 cm with minimal soft tissue injury. Bone fracture is simple with minimal comminution.
  - Type II (two): moderately contaminated wound > 1 cm with moderate soft tissue injury. Fracture contains moderate comminution.
  - Type III (three) open fractures includes the following:
    - segmental with displacement
    - diaphyseal segmental loss
    - associated vascular injury requiring repair
    - amputated injuries or highly contaminated wounds
    - high velocity gunshot injuries
    - caused by crushing force from fast moving vehicle
  - Type III A (three A): wound less than 10 cm with crushed tissue and contamination
  - Type III B (three B): wound > 10 cm with crushed tissue and contamination
  - Type III C (three C): major vascular injury requiring repair for limb salvage

REFERENCE: Wheeless’ Textbook of Orthopaedics
**Step 1: Look up in Alphabetic Index**

- Underdosing Z91.14 – see also Table of drugs and chemicals, categories, T36–T50, with final character 6
- Intentional NEC Z91.128
  - Due to financial hardship of patient Z91.120
- Go to Table of Drugs & Chemicals to Plavix
- Clopidogrel– Platelet Inhibitor
- ????????

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**Coagulopathy Due to Coumadin**

- The male patient presents to the ER with abdominal pain, nausea, vomiting, and melena. Patient had a elevated INR a few days ago and the Coumadin was held off for a few days. INR results are elevated at 5.6. The plan is to continue to hold his Coumadin. The GI work-up reveals GI bleed resulting from Coumadin induced coagulopathy.
  - PMH: CABGx2
  - Final diagnosis: GI bleed secondary to Coumadin
  - Keywords
  - Diagnosis: Coagulopathy
Infected Joint Prosthesis

- **Encounter 1:** A 62 year-old male patient admitted with infection following a primary total left hip replacement. At surgery, the prosthesis is removed and an impregnated methylmethacrylate cement spacer is inserted. The patient is discharged on IV antibiotics for six weeks.
  - Final diagnosis: Infected hip s/p total hip replacement
  - Procedures performed: Open removal hip prosthesis, Insertion cement spacer
  - Keywords: Diagnosis: Infected joint prosthesis, internal
  - Procedure: Hip osteoarthritis procedures

- **Encounter 2:** Patient readmitted for removal of the cement spacer and revision of the total left hip with insertion of a new hip prosthesis. Patient is discharged after 5 days and placed on IV antibiotics for an additional six weeks.
  - Final diagnosis: Acquired hip deformity s/p removal hip prosthesis
  - Procedures performed: Removal cement spacer and Insertion of new left hip prosthesis
  - Keywords: Diagnosis: Deformity, hip (joint)(acquired)
  Procedure: Hip osteoarthritis procedures
organ dysfunction is associated with SIRS or due to another condition (e.g., directly due to the trauma), the provider should be queried.

g. **Death NOS**

Code R99, Ill-defined and unknown cause of mortality, is only for use in the very limited circumstance when a patient who has already died is brought into an emergency department or other healthcare facility and is pronounced dead upon arrival. It does not represent the discharge disposition of death.

19. **Chapter 19: Injury, poisoning, and certain other consequences of external causes (S00-T88)**

a. **Code Extensions**

Most categories in chapter 19 have 7th character extensions that are required for each applicable code. Most categories in this chapter have three extensions (with the exception of fractures): A, initial encounter, D, subsequent encounter and S, sequela.

Extension “A”, initial encounter is used while the patient is receiving active treatment for the injury. Examples of active treatment are: surgical treatment, emergency department encounter, and evaluation and treatment by a new physician.

Extension “D” subsequent encounter is used for encounters after the patient has received active treatment of the injury and is receiving routine care for the injury during the healing or recovery phase. Examples of subsequent care are: cast change or removal, removal of external or internal fixation device, medication adjustment, other aftercare and follow up visits following injury treatment.

The aftercare Z codes should not be used for aftercare for injuries. For aftercare of an injury, assign the acute injury code with the 7th character “D” (subsequent encounter).

Extension “S”, sequela, is for use for complications or conditions that arise as a direct result of an injury, such as scar formation after a burn. The scars are sequelae of the burn. When using extension “S”, it is necessary to use both the injury code that precipitated the sequela and the code for the sequela itself. The “S” is added only to the injury code, not the sequela code. The “S” extension identifies the injury responsible for the sequela. The specific type of sequela (e.g. scar) is sequenced first, followed by the injury code.
b. **Coding of Injuries**

When coding injuries, assign separate codes for each injury unless a combination code is provided, in which case the combination code is assigned. Multiple injury codes are provided in ICD-10-CM, but should not be assigned unless information for a more specific code is not available. These **traumatic injury** codes (S00-T14.9) are not to be used for normal, healing surgical wounds or to identify complications of surgical wounds.

The code for the most serious injury, as determined by the provider and the focus of treatment, is sequenced first.

1) **Superficial injuries**

Superficial injuries such as abrasions or contusions are not coded when associated with more severe injuries of the same site.

2) **Primary injury with damage to nerves/blood vessels**

When a primary injury results in minor damage to peripheral nerves or blood vessels, the primary injury is sequenced first with additional code(s) for injuries to nerves and spinal cord (such as category S04), and/or injury to blood vessels (such as category S15). When the primary injury is to the blood vessels or nerves, that injury should be sequenced first.

c. **Coding of Traumatic Fractures**

The principles of multiple coding of injuries should be followed in coding fractures. Fractures of specified sites are coded individually by site in accordance with both the provisions within categories S02, S12, S22, S32, S42, S49, S59, S62, S72, S79, S82, S89, S92 and the level of detail furnished by medical record content.

A fracture not indicated as open or closed should be coded to closed. A fracture not indicated whether displaced or not displaced should be coded to displaced.

More specific guidelines are as follows:

1) **Initial vs. Subsequent Encounter for Fractures**

Traumatic fractures are coded using the appropriate 7th character extension for initial encounter (A, B, C) while the patient is receiving active treatment for the fracture. Examples of active treatment are: surgical treatment, emergency department encounter, and evaluation and treatment by a new physician.
Fractures are coded using the appropriate 7th character extension for subsequent care for encounters after the patient has completed active treatment of the fracture and is receiving routine care for the fracture during the healing or recovery phase. Examples of fracture aftercare are: cast change or removal, removal of external or internal fixation device, medication adjustment, and follow-up visits following fracture treatment.

Care for complications of surgical treatment for fracture repairs during the healing or recovery phase should be coded with the appropriate complication codes.

Care of complications of fractures, such as malunion and nonunion, should be reported with the appropriate 7th character extensions for subsequent care with nonunion (K, M, N,) or subsequent care with malunion (P, Q, R).

A code from category M80, not a traumatic fracture code, should be used for any patient with known osteoporosis who suffers a fracture, even if the patient had a minor fall or trauma, if that fall or trauma would not usually break a normal, healthy bone.


The aftercare Z codes should not be used for aftercare for injuries. For aftercare of an injury, assign the acute injury code with the 7th character “D” (subsequent encounter).

2) Multiple fractures sequencing
Multiple fractures are sequenced in accordance with the severity of the fracture. The provider should be asked to list the fracture diagnoses in the order of severity.

d. Coding of Burns and Corrosions
The ICD-10-CM distinguishes between burns and corrosions. The burn codes are for thermal burns, except sunburns, that come from a heat source, such as a fire or hot appliance. The burn codes are also for burns resulting from electricity and radiation. Corrosions are burns due to chemicals. The guidelines are the same for burns and corrosions.

Current burns (T20-T25) are classified by depth, extent and by agent (X code). Burns are classified by depth as first degree (erythema), second degree (blistering), and third degree (full-thickness...
involvement). Burns of the eye and internal organs (T26-T28) are classified by site, but not by degree.
1) **Sequencing of burn and related condition codes**

Sequence first the code that reflects the highest degree of burn when more than one burn is present.

a. When the reason for the admission or encounter is for treatment of external multiple burns, sequence first the code that reflects the burn of the highest degree.

b. When a patient has both internal and external burns, the circumstances of admission govern the selection of the principal diagnosis or first-listed diagnosis.

c. When a patient is admitted for burn injuries and other related conditions such as smoke inhalation and/or respiratory failure, the circumstances of admission govern the selection of the principal or first-listed diagnosis.

2) **Burns of the same local site**

Classify burns of the same local site (three-digit category level, T20-T28) but of different degrees to the subcategory identifying the highest degree recorded in the diagnosis.

3) **Non-healing burns**

Non-healing burns are coded as acute burns. Necrosis of burned skin should be coded as a non-healed burn.

4) **Infected Burn**

For any documented infected burn site, use an additional code for the infection.

5) **Assign separate codes for each burn site**

When coding burns, assign separate codes for each burn site. Category T30, Burn and corrosion, body region unspecified is extremely vague and should rarely be used.

6) **Burns and Corrosions Classified According to Extent of Body Surface Involved**

Assign codes from category T31, Burns classified according to extent of body surface involved, or T32, Corrosions classified according to extent of body surface involved, when the site of the burn is not specified or when there is a need for additional data. It is advisable to use category T31 as additional coding when needed to provide data for evaluating burn mortality, such as that needed by burn units. It is also advisable to use category T31 as an additional code for reporting purposes.
when there is mention of a third-degree burn involving 20 percent or more of the body surface.

Categories T31 and T32 are based on the classic “rule of nines” in estimating body surface involved: head and neck are assigned nine percent, each arm nine percent, each leg 18 percent, the anterior trunk 18 percent, posterior trunk 18 percent, and genitalia one percent. Providers may change these percentage assignments where necessary to accommodate infants and children who have proportionately larger heads than adults, and patients who have large buttocks, thighs, or abdomen that involve burns.

7) **Encounters for treatment of late effects of burns**

Encounters for the treatment of the late effects of burns or corrosions (i.e., scars or joint contractures) should be coded with a burn or corrosion code with the 7th character “S” or sequela.

8) **Sequelae with a late effect code and current burn**

When appropriate, both a code for a current burn or corrosion with 7th character extension “A” or “D” and a burn or corrosion code with extension “S” may be assigned on the same record (when both a current burn and sequela of an old burn exist). Burns and corrosions do not heal at the same rate and a current healing wound may still exist with sequela of a healed burn or corrosion.

9) **Use of an external cause code with burns and corrosions**

An external cause code should be used with burns and corrosions to identify the source and intent of the burn, as well as the place where it occurred.

e. **Adverse Effects, Poisoning, Underdosing and Toxic Effects**

Codes in categories T36-T65 are combination codes that include the substances related to adverse effects, poisonings, toxic effects and underdosing, as well as the external cause. No additional external cause code is required for poisonings, toxic effects, adverse effects and underdosing codes.

A code from categories T36-T65 is sequenced first, followed by the code(s) that specify the nature of the adverse effect, poisoning, or toxic effect. **Note: This sequencing instruction does not apply to**
underdosing codes (fifth or sixth character “6”, for example 
T36.0x6-).

1) **Do not code directly from the Table of Drugs**
   Do not code directly from the Table of Drugs and Chemicals. 
   Always refer back to the Tabular List.

2) **Use as many codes as necessary to describe**
   Use as many codes as necessary to describe completely all 
   drugs, medicinal or biological substances.

3) **If the same code would describe the causative agent**
   If the same code would describe the causative agent for more 
   than one adverse reaction, poisoning, toxic effect or 
   underdosing, assign the code only once.

4) **If two or more drugs, medicinal or biological 
   substances**
   If two or more drugs, medicinal or biological substances are 
   reported, code each individually unless the combination code is 
   listed in the Table of Drugs and Chemicals.

5) **The occurrence of drug toxicity is classified in ICD-10-
   CM as follows:**
   
   (a) **Adverse Effect**
   Assign the appropriate code for adverse effect (for example, T36.0x5-) when the drug was correctly 
   prescribed and properly administered. Use additional 
   code(s) for all manifestations of adverse effects. 
   Examples of manifestations are tachycardia, delirium, 
   gastrointestinal hemorrhaging, vomiting, hypokalemia, 
   hepatitis, renal failure, or respiratory failure.

   (b) **Poisoning**
   When coding a poisoning or reaction to the improper 
   use of a medication (e.g., overdose, wrong substance 
   given or taken in error, wrong route of administration), 
   assign the appropriate code from categories T36-T50. 
   Poisoning codes have an associated intent: accidental, 
   intentional self-harm, assault and undetermined. Use 
   additional code(s) for all manifestations of poisonings.
If there is also a diagnosis of abuse or dependence on the substance, the abuse or dependence is coded as an additional code.

Examples of poisoning include:

(i) Error was made in drug prescription
Errors made in drug prescription or in the administration of the drug by provider, nurse, patient, or other person.

(ii) Overdose of a drug intentionally taken
If an overdose of a drug was intentionally taken or administered and resulted in drug toxicity, it would be coded as a poisoning.

(iii) Nonprescribed drug taken with correctly prescribed and properly administered drug
If a nonprescribed drug or medicinal agent was taken in combination with a correctly prescribed and properly administered drug, any drug toxicity or other reaction resulting from the interaction of the two drugs would be classified as a poisoning.

(iv) Interaction of drug(s) and alcohol
When a reaction results from the interaction of a drug(s) and alcohol, this would be classified as poisoning.

See Section I.C.4. if poisoning is the result of insulin pump malfunctions.

(c) Underdosing
Underdosing refers to taking less of a medication than is prescribed by a provider or a manufacturer’s instruction. For underdosing, assign the code from categories T36-T50 (fifth or sixth character “6”).

Codes for underdosing should never be assigned as principal or first-listed codes. If a patient has a relapse or exacerbation of the medical condition for which the drug is prescribed because of the reduction in dose, then the medical condition itself should be coded.
Noncompliance (Z91.12-, Z91.13-) or complication of care (Y63.61, Y63.8-Y63.9) codes are to be used with an underdosing code to indicate intent, if known.

(d) **Toxic Effects**

When a harmful substance is ingested or comes in contact with a person, this is classified as a toxic effect. The toxic effect codes are in categories T51-T65.

Toxic effect codes have an associated intent: accidental, intentional self-harm, assault and undetermined.

(f) **Adult and child abuse, neglect and other maltreatment**

Sequence first the appropriate code from categories T74.- or T76.- for abuse, neglect and other maltreatment, followed by any accompanying mental health or injury code(s).

If the documentation in the medical record states abuse or neglect it is coded as confirmed. It is coded as suspected if it is documented as suspected.

For cases of confirmed abuse or neglect an external cause code from the assault section (X92-Y08) should be added to identify the cause of any physical injuries. A perpetrator code (Y07) should be added when the perpetrator of the abuse is known. For suspected cases of abuse or neglect, do not report external cause or perpetrator code.

If a suspected case of abuse, neglect or mistreatment is ruled out during an encounter code Z04.71, Suspected adult physical and sexual abuse, ruled out, or code Z04.72, Suspected child physical and sexual abuse, ruled out, should be used, not a code from T76.

g. **Complications of care**

1) **Complications of care**

(a) **Documentation of complications of care**

As with all procedural or postprocedural complications, code assignment is based on the provider’s documentation of the relationship between the condition and the procedure.
2) **Pain due to medical devices**

Pain associated with devices, implants or grafts left in a surgical site (for example painful hip prosthesis) is assigned to the appropriate code(s) found in Chapter 19, Injury, poisoning, and certain other consequences of external causes. Specific codes for pain due to medical devices are found in the T code section of the ICD-10-CM. Use additional code(s) from category G89 to identify acute or chronic pain due to presence of the device, implant or graft (G89.18 or G89.28).

3) **Transplant complications**

(a) **Transplant complications other than kidney**

Codes under category T86, Complications of transplanted organs and tissues, are for use for both complications and rejection of transplanted organs. A transplant complication code is only assigned if the complication affects the function of the transplanted organ. Two codes are required to fully describe a transplant complication: the appropriate code from category T86 and a secondary code that identifies the complication.

Pre-existing conditions or conditions that develop after the transplant are not coded as complications unless they affect the function of the transplanted organs.

See I.C.21.c.3 for transplant organ removal status
See I.C.2.r for malignant neoplasm associated with transplanted organ.

(b) **Chronic kidney disease and kidney transplant complications**

Patients who have undergone kidney transplant may still have some form of chronic kidney disease (CKD) because the kidney transplant may not fully restore kidney function. Code T86.1- should be assigned for documented complications of a kidney transplant, such as transplant failure or rejection or other transplant complication. Code T86.1- should not be assigned for post kidney transplant patients who have chronic kidney (CKD) unless a transplant complication such as transplant failure or rejection is documented. If the
documentation is unclear as to whether the patient has a complication of the transplant, query the provider.

For patients with CKD following a kidney transplant, but who do not have a complication such as failure or rejection, see section I.C.14. Chronic kidney disease and kidney transplant status.

4) **Complication codes that include the external cause**

As with certain other T codes, some of the complications of care codes have the external cause included in the code. The code includes the nature of the complication as well as the type of procedure that caused the complication. No external cause code indicating the type of procedure is necessary for these codes.

5) **Complications of care codes within the body system chapters**

Intraoperative and postprocedural complication codes are found within the body system chapters with codes specific to the organs and structures of that body system. These codes should be sequenced first, followed by a code(s) for the specific complication, if applicable.

6) **Ventilator associated pneumonia**

(a) **Documentation of Ventilator associated Pneumonia**

As with all procedural or postprocedural complications, code assignment is based on the provider’s documentation of the relationship between the condition and the procedure.

Code J95.851, Ventilator associated pneumonia, should be assigned only when the provider has documented ventilator associated pneumonia (VAP). An additional code to identify the organism (e.g., Pseudomonas aeruginosa, code B96.5) should also be assigned. Do not assign an additional code from categories J12-J18 to identify the type of pneumonia.

Code J95.851 should not be assigned for cases where the patient has pneumonia and is on a mechanical ventilator but the provider has not specifically stated that the pneumonia is ventilator-associated pneumonia.
If the documentation is unclear as to whether the patient has a pneumonia that is a complication attributable to the mechanical ventilator, query the provider.

(b) Patient admitted with pneumonia and develops VAP
A patient may be admitted with one type of pneumonia (e.g., code J13, Pneumonia due to Streptococcus pneumonia) and subsequently develop VAP. In this instance, the principal diagnosis would be the appropriate code from categories J12-J18 for the pneumonia diagnosed at the time of admission. Code J95.851, Ventilator associated pneumonia, would be assigned as an additional diagnosis when the provider has also documented the presence of ventilator associated pneumonia.

20. **Chapter 20: External Causes of Morbidity (V01- Y99)**
Introduction: These guidelines are provided for the reporting of external causes of morbidity codes in order that there will be standardization in the process. These codes are secondary codes for use in any health care setting.

External cause codes are intended to provide data for injury research and evaluation of injury prevention strategies. These codes capture how the injury or health condition happened (cause), the intent (unintentional or accidental; or intentional, such as suicide or assault), the place where the event occurred the activity of the patient at the time of the event, and the person’s status (e.g., civilian, military).

a. **General External Cause Coding Guidelines**

1) **Used with any code in the range of A00.0-T88.9, Z00-Z99**
An external cause code may be used with any code in the range of A00.0-T88.9, Z00-Z99, classification that is a health condition due to an external cause. Though they are most applicable to injuries, they are also valid for use with such things as infections or diseases due to an external source, and other health conditions, such as a heart attack that occurs during strenuous physical activity.

2) **External cause code used for length of treatment**
Assign the external cause code, with the appropriate 7th character (initial encounter, subsequent encounter or sequela)