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SUPPLEMENT 1

MANUAL
OF THE
INTERNATIONAL
STATISTICAL CLASSIFICATION
OF DISEASES, INJURIES,
AND CAUSES OF DEATH

Sixth Revision of the International Lists
of Diseases and Causes of Death

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Volume 2

ALPHABETICAL INDEX

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MANUAL
OF THE
INTERNATIONAL
STATISTICAL CLASSIFICATION
OF DISEASES, INJURIES,
AND CAUSES OF DEATH

Volume 2

Alphabetical Index
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INTRODUCTION
INTRODUCTION

It should be emphasized again that the International Statistical Classification of Diseases, Injuries, and Causes of Death, of which the present volume is the Alphabetical Index, is in no sense a nomenclature and will not conflict with any nomenclature in use in an institution. The function of a nomenclature is to train the physician to use the clearest and most acceptable diagnostic terms to describe a particular clinical case; the function of this coding manual is to aid a capable diagnosis coder or medical record librarian, with occasional medical advice, to assign the terms and disease names used by the attending physician, the clinic, or the hospital to the proper category in the list for statistical tabulations. The better the nomenclature the more accurate will be the assignment of diagnoses and causes of death for statistical classification, but with a complete index to the code the manual will be usable in connexion with any nomenclature.

Vital-statistics offices, insurance plans for hospital and medical care, both private and governmental, need a code and index of this kind for classifying causes of illness, injury, and death, but have little or no control over nomenclature. They must accept diagnostic terms as recorded on medical records and death certificates from a great variety of physicians, clinics, and hospitals using different nomenclatures. To meet all coding needs, it has been necessary to include in the present index many ill-defined and undesirable terms to indicate to the diagnosis coder where the case should be assigned even when it goes to an ill-defined rubric. Therefore, the presence of a term in this manual should not be taken as sanction for its usage in good medical terminology.

In many instances, the surgeon writes down the surgery which he performed rather than the disease which made the operation necessary. When the nature of the operation is such that it pertains in practically all instances to one diagnosis only, it seems justifiable to assign that diagnosis to the case. Thus the index includes names of some surgical operations with an assigned diagnosis number, although the code does not include a classification
of surgical operations. In this index the inclusion of these surgical terms serves only to classify what is really an incomplete statement of a medical diagnosis. When there is doubt about the condition for which the operation was performed, additional information should be secured wherever possible.

The American and English spellings of many medical terms differ somewhat because of the American trend towards simplified spelling, especially through the elimination of diphthongs. The present index includes both American and English spelling, in contrast to the use of English spelling only in the List of Categories and the Tabular List of Inclusions which appear in Volume 1. In many instances the two spellings come near enough to the same place in the alphabet for them to be entered on the same line, but if the words begin with different letters each term appears in its own alphabetical place.

Since only English, French, and Spanish editions of the International Statistical Classification of Diseases, Injuries, and Causes of Death are at present contemplated, this English edition of the Alphabetical Index includes a number of medical-Latin terms. These Latin inclusions appear desirable for such English terms as are not easily recognizable by persons of non-English-speaking countries, and are given in the index without cross-indexing.

The Alphabetical Index consists of three sections as follows:

Section I (pp. 1-460). Index to the disease section of the code (categories 001-795) and to the section on the nature and anatomical site of an injury in such terms as: fracture; dislocation; wound, open; and burn (categories N800-N999). These types of term were both included in Section I of the index because they are similar, constituting the diagnosis for the case as it would be given by an attending physician, a clinic, or a hospital.

Section II (pp. 461-495). Index to the external cause of injury (categories E800-E999). These items are in no sense medical diagnoses, but are descriptions of the circumstances under which the accident or violence occurred and of the means of injury. This section includes such terms as motor-vehicle accident, railway accident, machinery accident, fire, explosion, and animal injury.

1 The one exception is the title “Hypertrophy of tonsils and adenoids with tonsillectomy or adenoidectomy” (519.1), which was included in the code because tonsillectomy constitutes in many places the most frequent cause of admission to general hospitals.
It should be noted that the numbers are the same in the two injury sections (800–999), which means that on a punchcard a special field must be provided for either the N- or the E-code or some other method be arranged to identify the two types of code.

Section III (pp. 497–524). Index to the causes of stillbirth (categories Y30–Y39). Since the causes of stillbirth are tabulated separately from the causes of death of liveborn infants, and also separately from the illnesses and deaths of mothers during pregnancy, childbirth, and the puerperium, it would be confusing to have the stillbirth index combined with any other index. As arranged, the stillbirth code can be used to classify the causes of death of dead premature and aborted foetuses as well as of those delivered at full term.

It should be noted that the "Y" symbol of this code can be dropped when the stillbirth code is used apart from the main code for illness and death. Thus with a special punchcard or in a separate hand tabulation of stillbirths, the stillbirth code can be used as a three-digit code.

Sources of Terms included in Index

The terms included in this English edition of the Alphabetical Index to the International Statistical Classification of Diseases, Injuries, and Causes of Death come from a variety of sources in various English-speaking countries. The main sources of terms are listed below.


8. Berkson, J. A system of codification of medical diagnoses for application to punchcards, with a plan of operation. Amer. J. publ. Hlth, 1936, 26, 606. (Supplemented by an unpublished alphabetical index from the Mayo Clinic, Rochester, Minn.)

9. Johns Hopkins Hospital, Statistical Department. Classification of diagnoses for indexing. (Mimeoographed alphabetical index published by Johns Hopkins Hospital, Baltimore, Md., 1940.)


11. U.S. Army Medical Department. Revised coding instructions (processed, for office use only), 1944-46.


15. Medical terms in common usage in the Department of Veterans' Affairs, Ottawa, Canada.

16. Medical terms in common usage in the Medical Services of the Armed Forces, Ottawa, Canada.

17. Medical terms in common usage in the Department of National Health and Welfare, Ottawa, Canada.


19. Medical terms reported in morbidity surveys of families by U.S. Public Health Service, such as: (a) The national health survey—scope and method of the nation-wide canvass of sickness in relation to its social and economic setting. Publ. Hlth Rep., Wash. 1939, 54, 1663; List of national health survey publications. Publ. Hlth Rep., Wash. 1942, 57, 834; (b) The incidence of illness in 6,000 canvassed families, Publ. Hlth Rep., Wash. 1942, 57, 1658.

20. Medical-Latin terms in common usage in European countries, to supplement English terms whose equivalents in the languages of those countries are easily recognized (1948).

21. Medical terms submitted by New Zealand Census and Statistics Department as frequently used in reporting causes of admissions to New Zealand public general hospitals (1947).
Thus terms in the index represent those in actual use by physicians and various kinds of clinics and hospitals and in morbidity surveys. Since the diagnosis coder will encounter both good and poor terms, no attempt was made to exclude poor terms from the Alphabetical Index. Generally, the terms in the Tabular List (Volume 1) are the more acceptable or more commonly used medical terms. All the latter terms are included in the index along with many others which are less desirable.

As many of the terms were taken from manuals prepared in earlier years, the index contains expressions that are now rarely, if ever, used. Although there was no time in preparing the present index to study present-day usage, such an investigation is contemplated for the purpose of dropping obsolescent terms from future editions of the index.

Coding of Sole and Multiple Diagnoses

The numbers assigned to diagnostic statements in the index cannot be thought of as codes for either primary or contributory causes. They are merely code numbers for the categories to which the specific diagnoses listed in the index are assigned. The determination of the underlying or primary cause of death comes from statements on the death certificate plus the rules given in another part of this manual (Vol. 1, pp. 343–352). The numbers as given in the index are suitable for sole, primary, or contributory causes, except that a few category numbers are marked with an asterisk (*) to indicate that the category is not to be used as a primary cause of death if the antecedent condition is known, and not usually to be used as a primary cause of illness if the antecedent condition is present.

No specific rules are provided for selecting the primary or principal cause of an illness or injury involving two or more diseases or conditions. In many cases it is impossible to set down exactly what is the principal cause of an illness, and it is felt that in illness coding it is especially important to code also the contributory causes. The inclusion in the classification of the considerable number of combined diagnoses, such as those discussed in a later section, will eliminate the question of which is the primary cause in a number of multiple-cause cases where the relationship between the diseases involved is so close that they are almost multiple phases of the same disease process.
It is anticipated that in morbidity data there will be a number of diagnoses which are incomplete because of various situations; many of these will be records of symptoms which are too indefinite to indicate a final diagnosis or even a final diagnosis group. Categories 780–789, with fourth-digit subdivisions, represent a large number of symptoms which, when there is no final diagnosis, can be used to code such cases. Explanations and notes in the Tabular List of Inclusions referring to these and other categories should be studied for further details.

Structure and Use of Alphabetical Index

The present index is a necessary tool without which it becomes nearly impossible for the average code clerk to achieve uniformity and speed in the assignment of diagnoses or causes of death to their proper statistical category in the classification.

It may be thought that an index would need no explanation except that the terms appear in alphabetical order. The number of terms needed in a morbidity-mortality index is so large that it is not practicable to cross-index completely every term. Furthermore, to make the manual as useful as possible as a coding tool, care has been taken to make this index indicate specifically the code number to which a particular diagnosis should be assigned. In achieving this end many problems of presentation arose which make some explanations necessary. For these reasons, it is important for persons making use of the index to read carefully the following pages, which constitute a guide to the structure and arrangement of the diagnosis terms. It is equally important that the diagnostic or cause-of-death coder should be familiar with the structure and contents of the International Statistical Classification of Diseases, Injuries, and Causes of Death as presented in the Tabular List of Inclusions (Vol. 1, pp. 43–341.) The numerous notes and cross-references in the Tabular List of Inclusions will help the coder to understand the general principles and methods of classification underlying the code. Although the explanations may appear long and at times involved, the reader should not conclude that the Alphabetical Index is difficult to use. As a matter of fact, a good understanding of the structure and contents of the index will make for easy coding. By following these instructions the exact category number for most diagnoses appearing on medical records and death certificates can be readily found.
Criterion for assigning a given code number. In coding with a detailed classification it is important that the coding clerk find in the index the exact terminology as it appears on the medical record or death certificate, although the order of the terms may be different. This may seem too much to expect, but this index contains many diagnostic terms arranged in various ways to assist the coder. The abbreviation NOS (not otherwise specified) is not used, because every term listed in the index without qualification implies NOS in the sense that any other word modifying the term may change the code number. Before assigning the code number, the exact term as stated without other qualifications on the medical record should be found in the index. To help in doing this, many terms are listed in parentheses which indicate that their presence or absence does not change the code number. Further explanation of this special use of parentheses is included in a later section.

If the exact terminology cannot be found in the index by the coding clerk, the matter should be referred to someone whose technical medical knowledge and familiarity with the classification are sufficient to determine the correct code number.

How to use index to find code numbers. The index is prepared on the principle that the user will normally look up the noun portion of a diagnostic term or pathological condition. Space limitations made it impossible to list in the first alphabetical position of the index the anatomical sites of specific diseases or injuries. However, each of the important anatomical sites is listed once in its proper alphabetical sequence with the reminder "see condition"; this means that the coder should look at the place in the alphabet indicated by the disease or pathological condition and under this disease name look for the anatomical site and other modifiers. For example, under "tuberculosis" appear the various anatomical sites (in their alphabetical order) with their code numbers, but since there are so many sites to be covered the cross-indexing of anatomical sites has not been included. Therefore, to find "tuberculosis of the hip", look under T for "tuberculosis" and not under H for "hip". To find "stomach ulcer" look under U for "ulcer, stomach" and not under S for "stomach".

This principle is carried even to indefinite common expressions, such as "heart disease", which is listed under D as "disease, heart"; and "chest inflammation", which is listed under I as
"inflammation, chest". In general, the anatomical site will follow in the index immediately under the pathological condition, with any further descriptive adjective in the third indentation.

**Adjectival forms and modifiers.** As a further aid to the coder, adjectival forms of the disease name have frequently been placed on the same line as the noun form, indicating that the noun or adjectival form may appear interchangeably in medical terminology. For example, the leading term "Rheumatism, rheumatic" will be followed by terms in which one or the other of these two words would be appropriate.

General adjectives such as "acute", "chronic", "epidemic", "thermic", and "tropical" usually appear in their alphabetical sequence in the index with the instruction "see condition", which means that the disease name is to be looked up rather than the adjectival modifier. For example, to find "chronic bronchitis", look under B for "bronchitis, chronic" and not under C for "chronic"; similarly, look for "bronchitis, acute" and not for "acute bronchitis". "Acute" and "chronic" may be omitted even as second or later words in the disease name as listed in the index, unless the two forms of the disease have different code numbers. Important modifiers of a medical nature such as "streptococcal", "gonococcal", "puerperal", and "septic", however, are listed in the first position in the index with code numbers for the specific conditions so modified.

**Neoplasms.** A complete list of the sites of neoplasms is found in the index under "neoplasm" where code numbers appear in three columns for "malignant", "benign", and "unspecified", respectively. Terms such as "carcinoma", "sarcoma", and "epithelioma", however, appear in their own alphabetical places in the index with a few frequent sites and their code numbers, but with instructions to "(see also Neoplasm, malignant)", where the complete listing of anatomical sites appears with code numbers. Types of benign tumour such as "adenomyoma" are indexed in a similar way except that they have the reference "(see also Neoplasm, benign)". Thus the coder is directed to the correct column of the three columns of code numbers for neoplasms according to malignancy and anatomical site. If the type of tumour listed in its own alphabetical position occurs in only one site, the code number is given with no reference to "neoplasm". Examples of this kind are "Neurinoma", and "Osteosarcoma".
A complete list of types of neoplasms classified as "malignant", "benign", and "unspecified" is given in the *Tabular List of Inclusions* (Vol. 1, pp. 75-79).

**Eponyms.** Eponyms are listed under "Disease" followed by the physician's name that is associated with the disease. In most instances the name appears also in first position in the index with code numbers. The best practice is to look under D for "disease"; thus for "Addison's disease", look under D for "disease, Addison's". A physician's name associated with a "syndrome" is indexed in the same manner as eponyms associated with diseases. Thus for "Korsakoff's syndrome", look under S for "syndrome, Korsakoff's".

**Diphthongs and other variations in spelling.** Diphthongs which have been largely dropped from American spelling are frequently used throughout the British Commonwealth. If the variation in spelling does not separate the two words too far in alphabetical sequence, both spellings appear on the same line, as "diarrhea, diarrhœa" and "haemorrhoids, hemorrhoids". When the two spellings are far apart, as in "edema" and "œdema", "esophagitis" and "œsophagitis", each spelling appears in its alphabetical sequence with identical or similar terms under each heading.

**Other special arrangements.** A rather complete arrangement for diseases that frequently complicate pregnancy, childbirth, and the puerperium is listed under "pregnancy", "delivery", and "puerperal". The diagnoses under these terms are listed also under the disease name with codes for both those of puerperal and those of non-puerperal origin.

Under "congenital" with the precaution to "(see also condition)" are listed the more common conditions of this kind, but these and other terms appear under the disease name followed by the word "congenital" or "acquired", with code numbers.

To summarize, the best practice is to look in the *Alphabetical Index* for the disease or pathological condition, as all terms are listed in this way except where there is no single word which constitutes a pathological condition. For example, "large waxy liver", "waxy kidney", and similar terms are listed as "Waxy liver (large)" and "Waxy kidney", because anatomical sites are not listed in first position in the index. Similarly, in "delayed conduction, cardiac", "conduction" is not a pathological condition unless it is delayed, so the term is listed under D as "delayed".
In some cases where the arrangement of the Alphabetical Index is complicated and many modifiers and other terms appear under a given term, a synonym of this disease or condition will appear elsewhere in the index with its code number preceded by the words "(see also ——)". This means that the code number here listed is correct only if the title as listed in the index is the only condition mentioned on the medical record or death certificate. If there is any other disease or condition or complication mentioned on the record, the "(see also ——)" reference means that the coder should look in the place where the more detailed arrangement appears, to be sure that the additional statement does not change the code number.

Indexing of Combination Terms

The Alphabetical Index includes single terms with code numbers that may be used for the condition as a sole, a primary, or a contributory cause of an illness or death. However, there are a considerable number of categories in the classification which include a combination of two or more closely related diseases or a disease and a frequent complication, such as hypertension with certain types of heart disease, influenza with pneumonia, and diseases of early infancy with immaturity or prematurity. Examples of these combined conditions and the way in which they are handled in the index follow.

401 Rheumatic fever with heart involvement: The index includes a complete arrangement under "Fever, rheumatic" in which are given not only the code number for rheumatic fever, but also the code numbers for the combinations of rheumatic fever with various types of heart disease that are allocated to 401.0-401.3. All synonyms and equivalents of the term "rheumatic fever" are referred to this heading by the words "see Fever, rheumatic" so that the coder will see the various combinations before assigning any code number.

440 Essential benign hypertension with heart disease: Under "Hypertension, essential, benign" an arrangement of the combinations of hypertension is given with the various types of heart disease that are coded to category 440. Similarly for the other categories in this group, 441-447, there are listed under "hypertension", with the proper qualifying adjectives, the combinations of diagnoses that go into these several categories.
760–776 Diseases of early infancy: Each category of the section on diseases peculiar to early infancy (760–773) is divided into two subcategories, designated .0 without mention of immaturity (as evidenced by birth weight or by period of gestation if no weight is given), and .5 with mention of immaturity. Each disease or condition classified to these categories is listed in the index without qualification and as qualified by the term "with immaturity", with a separate code number for each group. In the absence of weight or a statement about immaturity, a statement about prematurity (gestation) is assumed to be equivalent to immaturity.

In the above and similar cases, terms preceded by "with" appear first under the leading term, instead of appearing with terms beginning with the letter "W".

These special arrangements of the terms for assigning code numbers to combinations of diagnoses complicate the index considerably. Moreover, it makes it necessary to refer a considerable number of synonyms or equivalent terms to some one term, to avoid including practically the same dual coding arrangements in many different places in the index. For example, "arthritis, acute, rheumatic" is referred to "Fever, rheumatic", under which are included not only rheumatic fever, but the various combinations of rheumatic fever with heart disease which take separate code numbers. Although such references from one part of the index to another are inconvenient to the coder, any other scheme would make the index so voluminous that it would be cumbersome to use.

In all cases, except when diagnoses are a part of these combined or dual categories, only one condition is listed on a given line in the index; this is done on the assumption that if a second condition appears on the medical record or death certificate it will be looked up independently in the index and given another code number if multiple causes are coded.

Special Use of Parentheses

In this Alphabetical Index and in the Tabular List (Vol. 1, pp. 43–341), parentheses have a special meaning which must be kept in mind by the coder whenever the index is used. Any words or phrases in the diagnosis or cause of death which are listed in the index in parentheses do not change the code assignment. The advantage of this special meaning of parentheses is evident when it
is remembered that, in coding a medical diagnosis or cause of death, it is necessary to find in the index the exact terms that appear on the medical record, although not necessarily in the order in which they appear. Many of the adjective modifiers on such medical records do not change the code number to be assigned to the diagnosis term or cause of death. For this reason such modifiers appear in the index in parentheses, usually following the leading terms. Examples of such listings follow:

Abscess (infectious) (metastatic) (multiple) (pyogenic) (septic) 692.6 with
diabetes (mellitus) 260
lymphangitis—see Abscess, lymphangitic
adrenal (capsule) (gland) 274
bile, biliary, duct or tract 585
with calculus 584
buccal cavity 538

Cirrhosis
liver (portal) (atrophic) (biliary) (chronic) (congenital) (congestive)
(fatty) (hypertrophic) (interstitial) (malignant) (nodular)
(obstructive) (passive) (xanthomatous) 581.0
with alcoholism 581.1

Thus "abscess" unqualified or qualified by any of the five terms in parentheses after the leading term "Abscess" is assigned to 692.6; moreover, "adrenal abscess", unqualified or qualified by any of these five terms in parentheses on the leading term or by either of the two terms in parentheses following "adrenal", is assigned to 274. Without this special use of parentheses, the many terms in parentheses after "Cirrhosis, liver" would have to be listed separately, but all with the same code number, and would have to be repeated under the subhead "with alcoholism".

Thus this special method of using parentheses avoids the repetition of many terms and the index is shortened without impairing the ability of the coder to find in it the exact terminology on the medical record or death certificate. It is, however, a system which must be learned and kept in mind by the coder or medical record librarian.

Abbreviations and Symbols used in Index

Abbreviations have been eliminated from the index wherever possible. However, a few terms that occur frequently are abbreviated. Following is an explanation of the abbreviations and symbols used.
NEC = not elsewhere classifiable: This symbol is added to terms such as "Tuberculosis, respiratory, of specified site NEC". In this instance it would cover a case of respiratory tuberculosis of a site not listed in the index and would presumably be coded 007. However, this code number should be assigned only after referring to the Tabular List and a medical dictionary to be sure the site or other adjective modifier is not a synonym of a site or other term included in the index, presumably under the leading term involved. This abbreviation has not been used extensively; the chief places where NEC is used are: specified organism, NEC; specified site, NEC; and specified type of a disease, NEC.

NOS (= not otherwise specified; unspecified; unqualified), frequently used in the Tabular List in Volume 1, is not used in the index because terms listed without qualification are all assumed to be NOS in the sense that any other words modifying the term may change the code number.

SAI = sine altera indicatione = without other qualification: These letters follow some medical-Latin terms and have the same meaning as NOS. The Latin terms are not cross-indexed.

See ——: A term followed by "see ——" without a code number indicates one of several things: (a) This term may be a part of a dual or combined diagnosis and under the term to which it is referred there is an arrangement to show how to code this term in conjunction with other terms. For example, "Abscess, mastoid (process) (subperiosteal)" is followed by "see Mastoiditis" where there is an arrangement for coding acute and chronic mastoiditis with and without mention of otitis media. (b) The term may be different but may be coded like some other term for which the alphabetical arrangement is complicated in some way, making it impracticable to repeat this arrangement in several places.

Terms followed by "see ——" are so important in combined or dual diagnoses that no number is given—just the reference to the proper complete arrangement with code numbers. The term "(see also ——)" followed by a code number means that this term may be given the affixed number if it is the only statement on the medical record, but if there is any other cause or qualification, the coder should look under the term to which referred because this is a situation which is often coded as a dual or combined diagnosis and may require a different number. It is used also in places where a few important sites or other modifiers are listed under a
given leading term, but the coder is referred elsewhere for a more complete list of sites and terms.

*See condition*: Anatomical sites and other modifiers do not appear in the first alphabetical position in the index in conjunction with a specific disease, such as "heart disease", and "gallbladder disease". However, these sites, as well as other important modifiers, appear once in their own alphabetical position followed by the words "see condition", which means: look for the name of the disease or pathological condition or injury and under that term find the site. Thus if for "subarachnoid haemorrhage" coders look under S for "subarachnoid" they will be reminded to look for the condition, which in this case is "haemorrhage".

**Y-Code**: References to the Y-Code appear occasionally in the index. As there is no index to the Y-Code, except for causes of stillbirth, this reference is to the Tabular List which contains the Y-Code (Vol. 1, pp. 322–341).

**Age abbreviations.** In a number of instances the code number for the disease depends upon the age of the patient. For example, all pneumonia under 4 weeks or 28 days of age is coded with pneumonia of the newborn. The following age abbreviations are used in the index:

- 4 wk. = under 4 weeks or under 28 days
- 4 wk. + = 4 weeks and over or 28 days and over
- 1 yr. = under 1 year
- 1 yr. + = 1 year and over

* 65 yr. = under 65 years
* 65 yr. + = 65 years and over
* 4 wk.–2 yr. = 4 weeks but less than 24 months

* Asterisk: An asterisk appears on code numbers for conditions which are not to be used as primary causes of death if the antecedent condition is known, and are not generally used as primary causes of illness if the antecedent condition is present. However, in any case they may be coded as contributory causes.

**Four-digit Subcategories**

The list of categories and code numbers which appears in the first part of Volume 1 contains only the three-digit codes (Vol. 1, pp. 1–42). Even in that detail there are more classifications than have ever been included in previous revisions of the International List of Causes of Death. However, the Tabular List (Vol. 1, pp. 43–341)
shows a large number of four-digit subcategories that will be found useful in coding both morbidity and mortality. Some of these subcategories are included to obtain comparability with preceding revisions of the _International List of Causes of Death_; the great majority, however, are in the code because they represent more specific categories which throw more light upon the problems of morbidity and mortality.

In compiling the index these four-digit categories have been included wherever there is a fourth-digit subdivision for a specific code number. It will therefore be about as easy to code the whole four-digit number as to code only the first three digits. Although international regulations refer only to the three-digit code, the expert committee of the World Health Organization urged that the fourth digit be coded even though there are no plans for its immediate use. It is believed that, as more data become available, the fourth digit will become increasingly important by more specifically defining the nature of the diseases and conditions coded to a particular three-digit category.

_Disease-code numbers._ With one exception the disease part of the code (001-795) includes all fourth digits as a decimal part of the three-digit number. This is done both in the _Tabular List_ (Vol. 1, pp. 43–229) and in the _Alphabetical Index_. The one exception is the fourth-digit code for type of delivery which appears in the index just under the word “Delivery”; in coding, the appropriate fourth digit in this list should be added to any code number from 660 to 678 inclusive. Some of these code numbers appear in various places in the alphabet, particularly under “Birth”, but it is necessary to refer to “Delivery” to get the proper fourth-digit code.

_Accident-code numbers._ The fourth-digit codes for nature of injury and external cause have more or less general meanings and are not carried with each code number, but are placed in parts of the index where they will be needed. Thus in coding nature of injury and external cause the coder must watch for a fourth-digit number which should be added to the three digits.

Referring first to the index to the N-Code (_Nature of Injury, N800–N959, Vol. 1, pp. 281–309_), which is included in Section I of the _Alphabetical Index_, the fourth-digit codes are listed immediately under each term describing a nature of injury: burn; contusion; dislocation; foreign body entering through orifice; fracture; injury
(internal, superficial, and unspecified); sprain or strain; and wound, open. In a similar way, immediately under the word “poisoning,” appears a slightly different fourth-digit code for categories dealing with poisoning (N960–N979, Vol. 1, pp. 309–314).

Numbers N980–N999 which have a fourth digit carry it in the index as a decimal part of the three-digit code.


Fourth-digit codes are usually simple, so the mere listing of the meaning of each fourth digit is sufficient for coding. However, in the more complicated place-code there may be doubt as to which statements of place should be assigned to a given fourth-digit category. Therefore an alphabetical index to the place of accident appears immediately after the fourth-digit place-code itself. Since these fourth-digit arrangements, particularly the index to the place code, occupy several pages, they are enclosed in a box to avoid confusion with the main external-cause index.

The fourth-digit place-code with inclusions listed under each of the ten categories appears in the Tabular List (Vol. 1, pp. 251–253).

**Injuries (N- and E-Codes)**

The index of terms classified to the “nature of injury” code (“N”) is included in the index of medical diagnostic terms in Section I, but the terms for the “external cause” code (“E”) make up Section II of the Alphabetical Index.

If both “external cause” and “nature of injury” coding is used, every code number for a current or new sole or primary external cause (E800–E999) should also have a code number for the sole or primary nature of injury (N800–N999) suffered in the accident. This rule should be adhered to even though the nature of the injury is unstated and the only entry that can be coded is “injury, unspecified” (N996.9) in an accident of unknown circumstances and unspecified place (E936.9).

In the coding of multiple causes, this correspondence of the N- and E-Codes is not necessary for the contributory causes. For example, in an automobile accident one might receive two or three
kinds of injury, such as fracture of the leg, laceration of the arm, and abrasion of the chin. Although it would be desirable to earmark these injuries as to the external cause of the accident, there would be no reason to tabulate the E-Code for automobile accident three times, because only the one accident occurred and only one person was injured, even though there were three kinds of injury.

Since the code numbers employed in the two codes (E and N) are identical, one of the two codes must be assigned a special field on the punchcard in punchcard tabulation, or some device such as a double punch must be used to separate E- from N-Code numbers, when both types are used.

The nature-of-injury (N-Code) terms appear in Section I of the index in the alphabetical position of the term describing the type of injury. For example, “fracture” appears under F, with code numbers for the various anatomical sites or bones fractured. Similarly, “wound, open” appears under W followed by a list of anatomical sites. Statements of injury such as “cut” and “laceration” that imply an open wound are referred to “wound, open” for the code number for the particular site involved. In a similar way, “abrasion”, “scratch”, and other surface injuries are referred to “injury, superficial” (assumed to be an open wound for purposes of the fourth digit); “internal injuries” are referred to “injury, internal”, and a miscellaneous group of injuries is referred to “injury” for the code number for the site involved.

In the nature-of-injury code (N) the fourth digit indicates complications such as infection, delayed healing, or foreign body in the wound; simple and compound fracture; and impairments or old residuals of injuries and poisonings.

The external-cause code (E) carries two types of fourth digit: (a) the kind of motor vehicle involved in the accident and (b) for nontransport accidents, the place where the accident occurred, which gives considerable additional information about its circumstances. Details of coding the fourth digit on accident cases are discussed in the section on fourth-digit codes.

Definitions supplementing External-cause Index. The Tabular List of Inclusions sets forth a large number of definitions and examples relating to external causes of accidents and violence (Vol. 1, pp. 231–236). These definitions are a necessary background for intelligent coding of external causes. Since they are set forth
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in detail in Volume 1 they are not repeated in Volume 2, but the coder will need to refer frequently to them. These definitions and examples cover such concepts as: motor vehicle traffic accident; motor vehicle nontraffic accident; public highway; pedestrian; and some twenty others. The

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whether the other twin or other triplets were live- or stillborn (Y20–Y29). The use of this latter classification, particularly with respect to immature and mature infants, will enable neonatal infant mortality rates from all causes to be computed for immature and mature infants separately. Although the immature or premature constitute only 5 to 10 per cent of liveborn infants, they contribute largely to deaths in early infancy.

The Tabular List for the supplementary Y-Code as included in Volume 1 (pp. 322–341) is sufficiently detailed to make an index unnecessary, except for that part of the Y-Code referring to the causes of stillbirths (Y30–Y39) which appears as Section III in this Alphabetical Index (Vol. 2, pp. 497–524).

The Y-Code has no place in coding causes of death of persons born alive. It was designed chiefly to code certain types of medical care and certain types of chronic residuals of disease and injury, and will not be used unless special plans for its use have been made.
SECTION I

ALPHABETICAL INDEX
TO DISEASES AND NATURE OF INJURY
Section I

ALPHABETICAL INDEX
TO DISEASES AND NATURE OF INJURY

NOTE. — Numbers following the terms in this index are the diagnosis code numbers. Look for the name of the disease or condition and under this for the anatomical site. Words in parentheses ( ) can be present or absent without changing the code number. NEC means “not elsewhere classified”; diagnoses so marked should be assigned the given number only when no more specific category is provided for the condition.

Asterisk (*) indicates category numbers that should not be used for primary death classification if the antecedent condition is known. They are not usually used for primary morbidity classification if the antecedent condition is present.

See “Introduction” for other important explanations about the use of the index.

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<tr>
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<tr>
<td>knee</td>
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<td>loin</td>
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<td>with liver abscess</td>
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### Abscess (infectional) (metastatic) (multiple) (pyogenic) (septic) continued

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Note — The following fourth digit subdivision may be used when applicable:

0 Simple (not characterized below)
1 Simple but with delayed healing
2 Open wound without mention of infection, foreign body, or delayed healing
3 Open wound with infection
4 Open wound with foreign body
5 Open wound with delayed healing
6 Open wound with infection and delayed healing
7 Open wound with foreign body and delayed healing
8 Open wound with infection and foreign body, with or without delayed healing
9 Late effects of injury

abdominal muscle—see Burn, trunk wall—see Burn, trunk ankle—see Burn, leg anus—see Burn, trunk apparatus lachrymal, lacrimal—see Burn, eye arm(s) N943 with head (and leg(s)) N946 with trunk N948 trunk (and leg(s)) N947 with head N948 auditory canal (external)—see Burn, head auricle (ear)—see Burn, head axilla—see Burn, arm back—see Burn, trunk biceps brachii—see Burn, arm femoris—see Burn, leg breast(s)—see Burn, trunk brow—see Burn, head buttck(s)—see Burn, trunk canthus, eye—see Burn, eye cervix (uteri) N949

Back—see Burn, trunk

Burn (acid) (cathode ray) (caustic) (chemical) (electric heating appliance) (fire) (friction) (hot liquid or object) (irradiation) (lime) (steam) (thermal) (X-ray) N949

burn (acid) (cathode ray) (caustic) (chemical) (electric heating appliance) (fire) (friction) (hot liquid or object) (irradiation) (lime) (steam) (thermal) (X-ray) —continued

cheek, cutaneous—see Burn, head chest wall—see Burn, trunk chin—see Burn, head clitoris—see Burn, trunk conjunctiva—see Burn, eye cornea—see Burn, eye costal region—see Burn, trunk ear (auricle) (external) (ear canal)—see Burn, head elbow—see Burn, arm electricity N992 entire body N948 epididymis N949 epigastric region—see Burn, trunk epiglottis—see Burn, head esophagus N949 extremity lower—see Burn, leg upper—see Burn, arm eye(s) N940 with burn, other sites—see Burn, head eyeball—see Burn, eye eyelid(s)—see Burn, eye face—see Burn, head finger(s) (nail) (subungual)—see Burn, hand flank—see Burn, trunk foot (phalanges)—see Burn, leg forearm(s)—see Burn, arm forehead—see Burn, head genito-urinary organs internal N949 external—see Burn, trunk globe (eye)—see Burn, eye groin—see Burn, trunk gum—see Burn, head hand(s) (phalanges) (and wrist) N944 with burn, other site—see Burn, arm head (and face) (and neck) (and eye) N941 with arm(s) (and leg(s)) N946 with trunk N948 leg(s) (and arm(s)) N946 with trunk N948 trunk (and arm(s)) (and leg(s)) N948 eye(s) only N940 heel—see Burn, leg hip—see Burn, trunk iliac region—see Burn, trunk internal organs N949
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Burn (acid) (cathode ray) (caustic) (chemical) (electric heating appliance) (fire) (friction) (hot liquid or object) (irradiation) (lime) (steam) (thermal) (X-ray) continued

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mouth—see Burn, head
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neck—see Burn, head
nose (septum)—see Burn, head
occipital region—see Burn, head
cæophagus N949
orbit region—see Burn, eye
palate—see Burn, head
parietal region—see Burn, head
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pubic region—see Burn, trunk
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scapula region—see Burn, arm
sclera—see Burn, eye
scrotum—see Burn, trunk
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skin NEC N949

Burn (acid) (cathode ray) (caustic) (chemical) (electric heating appliance) (fire) (friction) (hot liquid or object) (irradiation) (lime) (steam) (thermal) (X-ray) continued

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Note.—The following fourth digit subdivision may be applicable as for all other broad injury categories. However, a contusion with open wound would most likely be reported as open wound, and in this listing there is reference to Wound, open (p. 85, col. 1, line 5).

.0 Simple (not characterized below)
.1 Simple but with delayed healing
.2 Open wound without mention of infection, foreign body, or delayed healing
.3 Open wound with infection
.4 Open wound with foreign body
.5 Open wound with delayed healing
.6 Open wound with infection and delayed healing
.7 Open wound with foreign body and delayed healing
.8 Open wound with infection and foreign body, with or without delayed healing
.9 Late effects of injury
Contusion (skin surface intact)—

continued

with

fracture—see Fracture

open wound—see Wound, open abdominal

muscle (and other part(s) of trunk) N922

wall (and other part(s) of trunk) N922

ankle (and hip) (and thigh) (and leg) N927

arm N929

upper (and shoulder) N923

auditory canal (external) (meatus) (and other part(s) of neck or face except eye) N920

auricle, ear (and other part(s) of neck or face except eye) N920

axilla (and shoulder) (and upper arm) N923

back (and other part(s) of trunk) N922

bone N929

brain (any part) (with hemorrhage, hemorrhage) N853

breast(s) (and other part(s) of trunk) N922

brow (and other part(s) of neck or face except eye) N920

buttock (and other part(s) of trunk) N922

cerebellum (with hemorrhage, hemorrhage) N853

cheek(s) (and other part(s) of neck or face except eye) N920

chest (wall) (and other part(s) of trunk) N922

chin (and other part(s) of neck or face except eye) N920

cltitoris (and other part(s) of trunk) N922

conjunctiva (and orbit) N921

cornea N921

cortex (with hemorrhage, hemorrhage) N853

cerebral (with hemorrhage, hemorrhage) N853

costal region (and other part(s) of trunk) N922

elbow (and forearm) (and wrist) N924

epididymis (and other part(s) of trunk) N922

epigastric region (and other part(s) of trunk) N922

eye (lid) (muscle) (globe) (and orbit) N921

face (any part, except eye(s), and neck) N920

Contusion (skin surface intact)—

continued

finger(s) (nail) (subungual) N926

flank (and other part(s) of trunk) N922

foot (and toe(s)) N928

forearm (and elbow) (and wrist) N924

forehead (and other part(s) of neck or face except eye) N920

globe (eye) (and orbit) N921

groin (and other part(s) of trunk) N922

gum(s) (and other part(s) of neck or face except eye) N920

hand(s) (except fingers) N925

head (and any other site) N851

heel (and toe(s)) N928

hip (and thigh) (and leg) (and ankle) N927

iliac region (and other parts of trunk) N922

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leg (upper) (lower) (and hip) (and thigh) (and ankle) N927

lip(s) (and other part(s) of neck or face except eye) N920

lower extremity—see Contusion, leg

lumbar region (and other parts of trunk) N922

malar region (and other part(s) of neck or face except eye) N920

mandibular joint (and other part(s) of neck or face except eye) N920

mastoid region (and other part(s) of neck or face except eye) N920

midthoracic region (and other part(s) of trunk) N922

mouth (and other part(s) of neck or face except eye) N920

multiple sites NEC N929

involving

brain N853

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Contusion (skin surface intact)—
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Note.—In general, cysts of new growth or neoplastic nature are classified as benign neoplasms. If they are stated to be retention type or non-neoplastic in nature, or are of a site commonly of retention type, they are classified as diseases of the organ or site mentioned and not as neoplasms.

"Retention type" includes such cysts as bursal, corpus luteum, follicular, hemorrhagic, mucous, sebaceous, secretory, serous, and synovial cysts.

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.1 Simple but with delayed healing
.2 Open wound without mention of infection, foreign body, or delayed healing
.3 Open wound with infection
.4 Open wound with foreign body
.5 Open wound with delayed healing
.6 Open wound with infection and delayed healing
.7 Open wound with foreign body and delayed healing
.8 Open wound with infection and foreign body, with or without delayed healing
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Foreign body entering through orifice

Note — For foreign body with open wound or other injury—see Wound, open, or the type of injury specified.

The following fourth-digit subdivision may be used when applicable:

.0 Simple (not characterized below)
.1 Simple but with delayed healing
.2 Open wound without mention of infection, foreign body, or delayed healing
.3 Open wound with infection
.4 Open wound with foreign body
.5 Open wound with delayed healing
.6 Open wound with infection and delayed healing
.7 Open wound with foreign body and delayed healing
.8 Open wound with infection and foreign body, with or without delayed healing
.9 Late effects of injury

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Note — For fracture of any of the following sites with fracture of other bones—see Fracture, multiple
The following fourth-digit subdivision may be used when applicable:

.0 Simple (not characterized below)
.1 Simple but with delayed healing
.2 Open wound without mention of infection, foreign body, or delayed healing
.3 Open wound with infection
.4 Open wound with foreign body
.5 Open wound with delayed healing
.6 Open wound with infection and delayed healing
.7 Open wound with foreign body and delayed healing
.8 Open wound with infection and foreign body, with or without delayed healing
.9 Late effects of injury

The following terms indicate simple fracture:
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comminuted
depressed
elevated
fissured
greenstick
impacted
linear
march
simple
slipped epiphysis
spiral
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acromial process N811
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Note — Hematomas are coded according to origin and the nature and site of the hematoma or the accompanying injury. Hematomas of unspecified origin are coded as due to injuries of the sites involved, except: (a) hematomas of genital organs are coded to diseases of the organ involved unless they complicate pregnancy or delivery; (b) hematomas of the eye are coded to diseases of the eye.

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**Note** — Injury involving more than one external site—see Injury, multiple. Injury involving more than one internal organ (abdominal, pelvic or thoracic)—see Injury, internal, multiple.

The following fourth-digit subdivision may be used when applicable:

- **.0** Simple (not characterized below)
- **.1** Simple but with delayed healing
- **.2** Open wound without mention of infection, foreign body, or delayed healing
- **.3** Open wound with infection
- **.4** Open wound with foreign body
- **.5** Open wound with delayed healing
- **.6** Open wound with infection and delayed healing
- **.7** Open wound with foreign body and delayed healing
- **.8** Open wound with infection and foreign body, with or without delayed healing
- **.9** Late effects of injury

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- adenoid N996.0
- adrenal (gland) N868
- alveolar (process) N996.0
- ankle (and knee) (and leg, except thigh) (and foot) N996.7
- anterior chamber, eye N921
- anus N863
- appendix N863
- arm N996.8
- biceps (and shoulder) N996.2
- artery
  - cerebral N854
  - meningeal N854
- auditory canal (external) (meatus) N996.0
- auricle, auris, ear N996.0
- axilla N996.2
- back N996.1
- bile duct N868
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- bladder (sphincter) N867
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- cathode ray N993
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- cerebellum N856
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- chest wall N996.1
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- chin N996.0
- choroid N921
- clitoris N996.1
- coccyx N996.1
- colon N863
- common duct N868
- conjunctiva N921
- cord
  - spermatic N867
  - spinal N858
- cornea N921
- cortex (cerebral) N856
- costal region N996.1
- costochondral N996.1
- cranial
  - bones N803
  - cavity N856
- delivery—see Birth injury
- Descemet's membrane N921
- diaphragm N862
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- radium (any site) N993
- Roentgen ray or X-ray (any site) N993
- duodenum N863
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- elbow (and forearm) (and wrist) N996.3
- epididymis N996.1
- epigastric region N996.1
- epiglottis N996.0
- esophagus N862
- Eustachian tube N860
- extremity (lower) (upper) N996.8
- eye (lid) (muscle) (globe) N921
- eyeball N921
- face, except eye (and neck) N996.0
- Fallopian tube N867
- finger(s) (nail) N996.5
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gastro-intestinal tract N863
gland
lachrymal, lacrimal N921
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salivary N996.0
thyroid N996.0
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groin N996.1
gum N996.0
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hemorrhage, recurring, secondary, following initial hemorrhage N995.2*
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DISEASES AND NATURE OF INJURY

Neoplasm, neoplastic—continued

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Note — Neoplasms of connective tissue (fascia, ligament, muscle, soft parts, tendon, etc.) or of types that indicate connective tissue are to be coded as indicated above for connective tissue if of unspecified site or of a site otherwise classifiable to 199, 229 or 239. But if the neoplasm is of any site to which a specific code number has been assigned (140–181), 192–195, 210–219; 223; 224; or 230–237), code as neoplasm of that specific site or organ. Neoplasms coded to 228 remain 228 unless of nervous system or retina (223).

The following are common types of neoplasm of connective tissue: Malignant: angiosarcoma, endothelioma, fibrosarcoma, hemangiosarcoma, hemangioendothelioma, leiomyosarcoma, liposarcoma, lymphangiosarcoma, myosarcoma, myxosarcoma, perithelioma, rhabdomyosarcoma, rhabdiosarcoma.

Benign: adenomyoma, angioma, desmoid tumour, fibroma, leiomyoma, lymphangioma, myoma, myxoma, rhabdomyoma.

cornea                                192 223 237

corpora
  cavernosa                            176 217 235
    female                              179 218 236
    male                                 173 223 237
  quadrigemina                          172 233

corpus
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  luteum                                195 224 224
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costal cartilage                      195 224 224
  Cowper's gland                        195 224 224
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    meninges                            193 223 237
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  craniobuccal pouch                   193 223 237
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  cutaneous—see Neoplasm, skin cutis—see Neoplasm, skin
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  diaphragm                             197 227 238
  digestive organs, system, tube, or tract NEC 159 211 230
  disease, generalized                 199 229 199
  disseminated                          199 229 199
  Douglas' cul-de-sac or pouch          197 227 238
  duodenum                              197 227 238
  eurial or auris                      199 229 239
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  external                              197 227 238
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  bone or joint                         196 225 238
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  soft parts                            197 227 238
  en cuirasse                           170
Neoplasm, neoplastic—continued

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Nephralgia 786.0
Nephrectomy 603
Nephritis, nephritic 593

Note — Nephritis titles coded 590–593 may be designated as “hypertensive” or be accompanied by “hypertension” without changing the code number.

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.5 Poisoning, chronic
.9 Late effects of poisoning

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.0 Simple (not characterized below)
.1 Simple but with delayed healing
.2 Open wound without mention of infection, foreign body, or delayed healing
.3 Open wound with infection
.4 Open wound with foreign body
.5 Open wound with delayed healing
.6 Open wound with infection and delayed healing
.7 Open wound with foreign body and delayed healing
.8 Open wound with infection and foreign body, with or without delayed healing
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<td>inactive, arrested, cured,</td>
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<td>spine or vertebra (column)</td>
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<td>(active) 012.0</td>
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<td>with occupational disease of lung 001</td>
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<td>fibroid 002</td>
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<td>fibrosis, lung 002</td>
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<td>gallbladder 018.2</td>
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<td>gastrocolic fistula 011</td>
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<td>genital organs 016</td>
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<td>glandule suprarenalis 017</td>
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Note—Rupture of muscle asso-
ciated with open wound is coded here.
For rupture of muscle not associated
with open wound, see Sprain, strain.
For fracture with open wound, see Fracture.
For nerve injury with open
wound, see Injury, nerve.
For laceration, traumatic rupture,
tear or penetrating wound of internal
organs, such as heart, lung, liver,
kidney, pelvic organs, etc., whether
or not accompanied by open wound or
fracture in same region, see Injury, internal.
For contused wound, see Contu-
sion.
For abrasion, insect bite (non-
venomous), blister, or scratch, see Injury, superficial.

The following fourth-digit sub-
division may be used when applicable:

.0 Simple (not characterized below)
.1 Simple but with delayed healing
.2 Open wound without mention
of infection, foreign body, or delayed healing
.3 Open wound with infection
.4 Open wound with foreign body
.5 Open wound with delayed healing
.6 Open wound with infection
and delayed healing
.7 Open wound with foreign body and delayed healing
.8 Open wound with infection
and foreign body, with or without delayed healing
.9 Late effects of injury

For wound, open, of any of the following sites, with wound, open, of
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(E CODE)
SECTION II

ALPHABETICAL INDEX TO EXTERNAL CAUSES OF ACCIDENTS, POISONINGS, AND VIOLENCE (E CODE)

NOTE. — See end of Section II, Volume 2, pp. 494-495, for fourth-digit codes pertaining to this section, including an alphabetical index to the place code.

See Volume 1, pp. 251-253, for list of fourth-digit place code with inclusions.

See Volume 1, pp. 231-236, for definitions needed in assigning E codes.

Asterisk (*) indicates category numbers that should not be used for primary death classification if the antecedent condition is known. They are not usually used for primary morbidity classification if the antecedent condition is present.

See "Introduction" for other important explanations about the use of the index.

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  acetal .
  acetanilid .
  acetic  acid .
  ester .
  ether .
  acetone (oils) .
  acetophenone .
  acetylene .
  gas .
  tetrachloride .
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<tr>
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<tr>
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<td>E880</td>
<td>E971</td>
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<tr>
<td>allonal</td>
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<tr>
<td>antimony (and potassium tartrate) (chloride) (oxide) (tartarized)</td>
<td>E886</td>
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<td>arsenate of lead</td>
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<td>benzene (acetyl) (dimethyl) (methyl)</td>
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<td>bromural</td>
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**EXTERNAL CAUSE OF INJURY**

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<th>Accident</th>
<th>Suicide (attempt)</th>
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### Poisoning—continued

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<td>gas engine or motor pump</td>
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Poisoning—continued

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<th>Substance</th>
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<td>Conflagration or explosion</td>
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## Poisoning—continued

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Poisoning—continued

tetrachlorethylene, tetrachloro-ethane

tetra-ethyl lead

tetrahydronaphthalene

tetralin

tetralonal

toadstool

tobacco vapor, vapour

tribromethanol

trichloro-ethylene

trimethylcarbinol

trinitrophenol

trimonial

trioxide of arsenic

typharsamide

turpentine

utility gas vapor, vapour lead

specified type NEC

teganin

venomous bite or sting (animal) (insect)

veronal

war operations E990

water gas

white arsenic

spirit

wood alcohol

spirit

xylene

zorone

zinc (chloride) (sulfate) (sulphate)

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jaundice E943

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FOR THE EXTERNAL CAUSE (E) CODE

Type of motor vehicle involved in accident
(fourth digit for code numbers E810–E835)

.0 Accident involving goods transport vehicle(s), but no other motor vehicle
.1 Accident involving goods transport vehicle and passenger motor vehicle
.2 Accident involving goods transport vehicle and motor bus
.3 Accident involving goods transport vehicle and unspecified motor vehicle
.4 Accident involving passenger motor vehicle(s), but no other motor vehicle
.5 Accident involving passenger motor vehicle and motor bus
.6 Accident involving passenger motor vehicle and unspecified motor vehicle
.7 Accident involving motor bus(es), but no other motor vehicle
.8 Accident involving motor bus and unspecified motor vehicle
.9 Accident involving unspecified motor vehicles

Place of occurrence of nontransport accidents
(fourth digit for code numbers E870–E936)

Poisonings and accidents other than transport accident (E870–E936):

.0 Home (including home premises and any noninstitutional place of residence)
.1 Farm (including buildings and land under cultivation, but excluding farm home and home premises)
.2 Mine and quarry
.3 Industrial place and premises
.4 Place for recreation and sport
.5 Street and highway
.6 Public building
.7 Resident institution
.8 Other specified places
.9 Place not specified

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