

ABBREVIATED INJURY SCALE 1985 REVISION



ทีมพัฒนาระบบเฝ้าระวังการบาดเจ็บ
กระทรวงสาธารณสุข

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INJURY SCALE
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DICTIONARY

EXTERNAL

HEAD&FACE

NECK

THORAX

ABDOMEN
& PELVIC
CONTENTS

SPINE

EXTREMITIES
& BONY

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THE ABBREVIATED INJURY SCALE A HISTORICAL NOTE

Classification of road transport injuries by types and severity is fundamental to the study of their etiology. Schemes for categorizing injuries have existed for many years but from a medical viewpoint most had serious shortcomings as far as assessing injury severity.

De Haven and his colleagues at Cornell University conducted some of the earliest research on impact injuries¹. Over the next 15-20 years, a plethora of systems emerged coincident with the first generation of Multidisciplinary crash investigation teams²⁻⁹: many of these were adaptations of De Haven's scale.

The origin of the AIS in 1969 and its 15 year evolution is documented in other publications¹⁰⁻¹³. The first injury scale was published in 1971 under the sponsorship of a joint committee of the American Medical Association, American Association for Automotive medicine and Society of Auto-motive Engineers. The premiere AIS was used in training the first multidisciplinary crash investigation teams funded by the U.S. Department of Transportation as well as university-based and industry-affiliated teams. In 1973, the AAAM assumed the lead role in injury scaling and through its Committee on Injury Scaling became the parent organization of the AIS. Details of the 1974 and 1975 revisions are discussed elsewhere^{14,15}. In 1976 the first AIS dictionary was published listing more than 500 injury descriptions¹⁶. Most importantly, it contained a major improvement in coding brain injuries.

Over the last decade, the AIS has evolved in the universal system of choice for assessing impact injury severity. The 1980 revision incorporated several significant changes in injury scaling methodology. *The Abbreviated Injury Scale-1980* revision¹⁷ should be consulted for detailed explanations of these changes.

ASSESSMENT OF MULTIPLE INJURIES

The AIS remains a system that codes single injuries and is the foundation for methods to assess multiply injured patients. At least three systems are currently in use for assessing the cumulative effects of more than one injury.

A. Maximum AIS (MAIS)

In AIS 80, the Committee on Injury Scaling recommended that in multiply injured patients, the highest AIS be used as the surrogate for assessing overall injury severity. A University of Michigan study substantiated that approximately 98% of multiply injured persons would be properly assessed using this method¹⁸. The MAIS eliminated any subjective judgement and could be assigned by a nonmedical coder.

B. Injury Severity Score (ISS)

The Injury Severity Score (ISS) developed by Baker *et al* is being used by many researchers. The ISS is mathematically derived code number determined by adding the squares of the highest AIS codes in each of the three most severely injured body regions. A discussion of the development of the ISS and experiences with its use are found in several references^{19,20}. The procedure for computing the ISS follows.

USING THE ISS

Use AIS-80 to grade all injuries for a given person. Then assign to each of the six areas defined below the AIS code of the most severe injury in that area. For example, if a person had two chest injuries codes 1 and 3, the code for chest injury should be 3.

The Injury Severity Score (ISS) is the sum of the squares of the highest AIS code in each of the three most severely injured areas. The following two examples should aid the coder in using the ISS properly.

EXAMPLE 1

<u>Injury</u>	<u>AIS</u>	<u>ISS Region</u>
Carotid artery laceration	4	Head: Neck
Concussion	2	Head:Neck
Femur, undisplaced fracture	3	Extremities
Humerus, undisplaced fracture	2	Extremities
Leg laceration	1	External

$$\text{ISS} = 26(16+9+1)$$

Example 2

Scalp laceration	1	External
Thigh laceration	1	External

$$\text{ISS} = 1$$

An injury Severity Score of 75 is the highest ISS possible. Injuries coded AIS-6 are automatically assigned as ISS of 75

The six body regions of injuries used in the ISS are:

1. Head or neck
2. Face
3. Chest
4. Abdominal or pelvic contents
5. Extremities or pelvic girdle
6. External

Head or neck injuries include injury to the brain or cervical spine, skull or cervical spine fractures, and ears.

Facial injuries include those involving mouth, eyes, nose and facial bones.

Chest injuries and injuries to abdominal or pelvic contents include all lesions to internal organs in the respective cavities. Chest injuries also include those to the diaphragm, rib cage, and thoracic spine. Lumbar spine lesions are included in the abdominal or pelvic area.

Injuries to the extremities or to the pelvic or shoulder girdle include sprains, fractures, dislocations and amputations, except for the spinal column, skull and rib cage.

External injuries include lacerations, contusions, abrasions, and burns, independent of their location on the body surface.

Note that these ISS regions do not necessarily coincide with the regions use in the AIS.

C. Probability of Death Score (PODS)

The Probability of Death Score²¹ introduced in 1981 has not yet experienced widespread use. The PODS is calculated adding the two highest AIS codes which are weighted and the age of the patient. While the methodology has substantial merit, it does not yet have enough use on which to determine its validity as an accurate measure of overall injury assessment.

FUNDAMENTAL IMPROVEMENTS TO AIS 85

In 1980 the Committee on Injury Scaling recognized the increased sophistication in the assessment of injury particularly among emergency room traumatologists. Simultaneously, the AIS was being accepted increasingly for use in hospitals even though it contained some short-comings in injury descriptions from a clinical perspective. Following several years of work with assistance from some members of the American college of Surgeons' Committee on trauma, consensus was reached to

redefine some of the descriptions to meld with current medical terminology and to provide a hierarchy of the severity levels for some injuries in the thoracic, abdominal and vascular areas.

The major improvements in AIS 85 are as follows:

- inclusion of clinical terminology to describe thoracic, abdominal and vascular injuries to encompass a broader range of users.
- linkage of clinical and colloquial language.
- provision of more definitive methodology in injury assessment while at the same time preserving the system upon which data collection bases have been developed.
- incorporation of penetrating injury into the AIS recognizing that while the AIS was initially developed for impact injury assessment its experience to date may offer important opportunities in injury control generally.

FUTURE DIRECTIONS

The publication of AIS 85 is another milestone in improving injury data collection systems and in standardizing trauma terminology. The Committee on Injury Scaling will continue to monitor AIS usage worldwide as it has since the early 1970s and to recommend improvements as warranted. In addition, the Committee has several other priorities which it will pursue over the next several years.

1. Over the last decade, the Abbreviated Injury Scale has become increasingly influential in establishing uniformity in injury data collection systems. The AIS is the global system of choice among physicians and researchers, and injury scaling is becoming a specialized area of data collection. The Committee on Injury Scaling recognizes a growing need to provide appropriate training to AIS users to foster a level of proficiency in its use and to ensure reliable injury data bases.

2. The value of the AIS as a predictor of mortality (threat to life) has been substantiated¹⁶⁻²². The AIS in its present form, however, does not adequately measure level of disability. In June 1985, the Committee on Injury Scaling initiated discussions to develop a framework and criteria to assess disability and its consequences. A disability scale that would complement the AIS and provide the link between injury assessment and societal costs is being pursued.

3. The International Classification of Diseases²³ is a system for collecting information in diseases, disabilities, medical conditions and trauma. Because of its worldwide acceptability, it offers a mechanism for better injury data collection by incorporation of the AIS. Because the ICD and AIS are not compatible, interchanging the two systems has not yet been accomplished. Researchers at The Johns Hopkins University Health Services Research and Development Center are developing in consultation with the Committee on Injury Scaling a conversion table that will render the systems compatible. When completed, this work will be a major contribution to improved trauma data collection and could have significant consequences for developing countries where information bases are usually minimal and access to resources and expertise are severely limited.

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INJURY SCALING DICTIONARY

Format

Injury descriptions in AIS 85 are organized under the same seven section headings as in AIS 80. These are External, Head, Neck, Thorax, Abdomen & Pelvic Contents, Spine, and Extremities and Bony Pelvis. Within each section, injury descriptions are grouped as follows:

- whole area
- nerves
- vessels
- internal organs
- skeletal

The two exceptions are External and Spine which do not lend themselves to this format. These categorizations together with the Index that follows should aid the coder in locating a specific body part or region in the dictionary.

Injury descriptions and codes appearing in italics represent additions or clarifications in AIS 85 compared to AIS 80. These are generally in the thoracic and abdominal injuries. A new group of vascular injury descriptions has been added under the appropriate body regions throughout the AIS.

In AIS 85 each injury description is assigned a unique 6-digit code to assist in data collection computerization of vast amounts of injury information. The first number to the far left of the decimal point designates the general body region. * The next two digits refer to the organ or specific area and are assigned in succession. (The External section is the exception because of its nature.) The two digits immediately to the left of the decimal point refer to severity level, again assigned merely in succession within each organ or body part entry. Because of the diversity of injury descriptions, it was not possible to designate the same two digits to specific severity levels without using a complicated series of numbers. The number to the right of the decimal point represents the AIS severity code number.

- * 1 = External
2 = Head
3 = Face
4 = Neck
5 = Thorax
6 = Abdomen & Pelvic Contents
7 = Spine
8 = Upper Extremity
9 = Lower Extremity

Changes in AIS Code Numbers

The Committee on Injury Scaling exercised vigilance in making any changes in existing AIS codes because of the ramifications such alterations would have on the comparison of injury data from year to year and from one data base to another. Only in several cases where medical information lent credence to changes. AIS codes were revised (generally one AIS code downward).

One revision in the nonanatomic (concussive) injuries section is noted. The AIS 80 contained injury descriptions of unconsciousness known to be less than 15 minutes. 15-59 minutes. less than 1 hour. 1-24 hours and more than 24 hours.

The state of clinical knowledge of assessing concussive brain injuries does not support any significant difference in severity for unconsciousness between 15 minutes and 1 hour, with six hours being a major critical point in terms of consequences. The AIS 85 has been revised to reflect this clinical experience. The injury descriptions of loss of consciousness known to be less than 1 hour and between 1-6 hours modify the earlier descriptors of less than 15 minutes, 15-59 minutes, and 1-24 hours.

Terminology

The AIS 85 incorporates common clinical injury descriptions in the expanded sections on Thorax, and Abdomen and Pelvic Contents, including substantial additions of major vessel injuries not used in previous versions of the AIS.

A limited list of penetrating injury descriptions is included for the first time. These descriptions are not sufficiently detailed to satisfy sophisticated studies of penetration injury, but they do offer a uniformity for coding these injuries and a means to acquire some experience using the AIS in these situations.

Contusions and lacerations to thoracic and abdominal organs are described in clinical terminology most suitable to the nature or structure of each organ. Therefore, the descriptions for all internal organs are not identical.

Hospital injury information, for a number of reasons, varies substantially both qualitatively and quantitatively. Further, the use of medical terminology may differ from one setting to another. To ease in dealing with these problems, synonyms are indicated in parentheses. For example, a complex laceration of the kidney may be commonly used in a sophisticated trauma center whereas the colloquial term of rupture may be acceptable in a small rural hospital. In terms of severity, however, a complex kidney laceration and a ruptured kidney are equivalent.

Other common examples are: minor \approx superficial: contusion \approx hematoma.

Other Clarifications

The following information answers recurring questions from AIS users over the last several years.

Overall or generalized pain per se is an outcome of injury and therefore not codable. However, in some cases, a coder is able to review the diagnosis with a physician and can determine whether pain is localized and related to soft tissue or to a joint. If the former, the injury should be coded as a contusion. AIS I: if the latter, a sprain, AIS I.

“Suspicion of” or “impression of” an injury sometimes appears on emergency room reports. These vague descriptions should not be coded. If the patient is admitted, the discharge record will either substantiate the suspected injury or dismiss it.

When a patient is transferred from one hospital to another, all Information should be used for coding purposes.

Not further specified (NFS) is used throughout the AIS 85 to allow for coding injuries where detailed information may not be provided.

Severity unspecified means that a specific injury (e.g., laceration) has occurred, but the level of severity is not specifically given or is unclear. In these cases, the injury should be coded as *laceration, severity unspecified*.

Injury unspecified means that an injury has occurred to a specific organ or body part, but the precise injury type is not known. For example, a kidney injury could be a contusion or a laceration, but this information may not be available. In these cases, *the injury* is coded as NFS.

These injuries should not be confused with AIS 9 which is assigned in those cases where information is totally lacking to know if any injury even occurred.

Condensed AIS 85

This AIS 85 contains a condensed AIS 85 chart which may be useful to injury coders and clinicians who are well versed in the AIS. The descriptors are not arbitrary, and their use must conform to the definitions and descriptions used in the AIS dictionary.

The condensed AIS 85 should never be used by novices in injury scaling or by those who are unfamiliar with the history and evolution of the AIS.

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Following is a description of the contents of each section of the Dictionary, and the AIS Severity Code.

	AIS Dictionary by Section
External	Surface or integumentary, any body region
Head	Cranium, brain, face, eye, ear
Neck	Neck, throat
Thorax	Thoracic organs, including rib cage
Abdomen Pelvic Contents	Abdominal pelvic organs
Spine	Spinal Column Cord
Extremities	Upper and lower limbs, bony pelvis

Note: Injuries to major vessels are incorporated in appropriate body regions.

<u>AIS</u>	<u>Severity Code</u>
1	Minor
2	Moderate
3	Serious
4	Severe
5	Critical
6	Maximum injury virtually unsurvivable In AIS 85
9	Unknown

EXTERNAL
[Skin]

INJURY DESCRIPTION	CODE
Abrasion	
NFS	10101.1
superficial (<i>minor</i>) ^a	10102.1
major ^b	10103.2
Contusion	
NFS	10201.1
superficial (<i>minor</i>) ^a	10202.1
major ^b	10203.2
Laceration	
NFS	10301.1
superficial (<i>minor</i>) ^c	10302.1
deep (into subcutaneous tissue) and > 10cm on body or > 5cm on face <i>or hand</i> ^d	10303.2
major nerve/vessel involvement [see specific body region]	
Avulsion	
NFS	10401.2
superficial (<i>minor</i>) ^a	10402.2
major ^b	10403.3
Penetrating injury	
NFS	10501.1
no tissue loss	10502.1
superficial tissue loss	10503.2
Degloving injury ^e	
[score by assessing per cent of total body surface]	
NFS	10601.1
<10%	10602.1
10-19%	10603.2
20-29%	10604.3
30-39%	10605.4
40-89%	10606.5
≥90%	10608.7

a ≤ 25cm² on face or hand or ≤ 50cm² on body

b > 25cm² on face or hand or > 50cm² on body

c All lacerations not into subcutaneous tissue, regardless of length, or into subcutaneous tissue by ≤ 5cm on face *or hand* or ≤ 10cm on body.

d Code only for skin and subcutaneous tissue. If involving deeper structures, code under specific body region.

e Full thickness loss of skin and subcutaneous tissue, usually circumferential, involving extremity but can occur on torso or scalp.

EXTERNAL
[Burns]

INJURY DESCRIPTION		CODE
<i>Degree</i>	<i>Total Body Surface^f</i>	
<i>unspecified</i>	<i>NFS</i>	10701.1
1°	<i>up to 100%</i>	10702.1
2°	< 10%	10703.1
3°	< 10%	10704.1
2° or 3°	10-19%	10705.2
2° or 3°	20-29%	10706.3
2° or 3°	30-39%	10707.4
2° or 3°	40-89%	10708.5
2° or 3°	≥ 90%	10709.6
Including incineration		
Inhalation injury [see THORAX]		

Note: If a burn amputation occurs, code as amputation in body region.

^f Total body surface (TBS) is assessed by using the diagram of “nines” that follows. For example, one entire upper extremity (all sides) is 9% of the TBS.

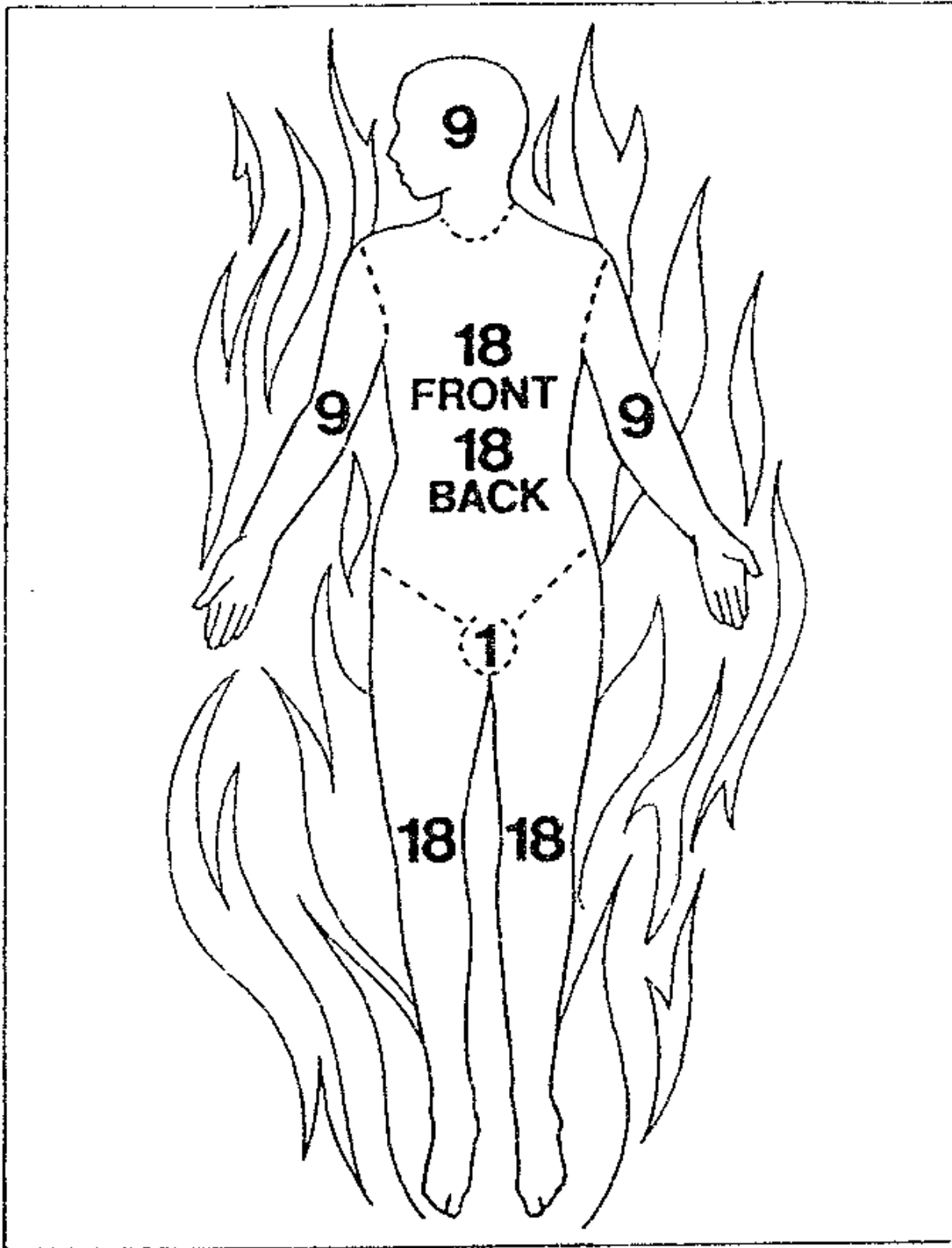


DIAGRAM OF NINES

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HEAD

Injury descriptions in the head region are divided into two sections: (1) skull (*cranium*) and brain: (2) ear, eye, face. *The following guidelines refer only to coding cranial and brain injuries and not to those of the ear, eye or face or their bones.*

A. Cranium injuries

Cranium injuries include fractures and crush. Where a skull injury is the only head injury known, the section titled Skull Injuries should be used for coding. Information on skull injuries is usually clearcut and readily available in emergency room reports and hospital records, and should therefore, not present any significant problem in coding.

Where more than one head injury occurs and where one of those injuries is a skull injury, the skull injury should be coded as an injury separate from either an anatomic lesion of the head or a head injury measured by loss of consciousness. The coder should then go on to code the other head injury or injuries using the following rules.

B. Anatomic lesions

For coding head injuries other than those to the skull, the coder may know either the anatomic lesion, the level of consciousness, or both. If the anatomic lesion is substantiated by autopsy, CT scan, *MRI (magnetic resonant imaging)*, surgery, x-ray, or angiography, it should be coded using the section titled Internal Organs. Anatomic Lesions. Clinical diagnosis alone is not an adequate determination for establishing the existence of an anatomic lesion for coding purposes.

C. Non-anatomic injuries

If an anatomic lesion is suspected, but is not substantiated by diagnostic instrumentation, or if no anatomic lesion is diagnosed, the injury should be coded based upon level of consciousness using the section titled Internal Organs. Non-Anatomic (concussive) Injuries, which is accompanied by specific instructions. In some cases, this will be the only information available to the coder.

In cases where information is available on both a substantiated anatomic lesion and level of consciousness, both pieces of information should be coded and the higher of the two AIS codes should be assigned to the injury.

EXAMPLE 1

From the time of admission, patient had closed head injury. He had some early severe CNS findings, but no truly localized signs. Basically, his symptomatology has gone from Babinski in the left leg to weakness and initially poor function of his right leg, but this is now gradually returned essentially to normal. The patient was not fully awake upon admission, but responded to verbal cues. Gradually his level of consciousness and sensorium has returned to normal. He had a few CT scan studies which reportedly were helpful initially showing a skull fracture, cerebral edema. and later a small right frontal subdural hematoma.

Medical diagnosis: (1) closed head injury with severe cerebral edema:
(2) small subdural hematoma: (3) skull fracture.

Solution: According to the physician's diagnosis, the patient in Example 1 sustained three head injuries, two of which are described as anatomic lesions substantiated by CT scan, and the third a skull fracture. In addition information is provided on the victim's level of consciousness. By using all available information, the injuries are coded as follows:

	AIS
Skull fracture, unspecified	2
Closed head injury involving edema	3
Small subdural hematoma	4
Level of consciousness*	3

EXAMPLE 2

From time of admission, patient had closed head injury. He had some early severe CNS findings, but no truly localized signs. Basically, his symptomatology has gone from Babinski in the left leg, but this is now gradually returned essentially to normal. His level of consciousness was less than optimal and variable for several days. He was shown to have a skull fracture. In addition, cerebral edema and a small right frontal subdural hematoma were suspected.

Medical diagnosis: (1) closed head injury with severe cerebral edema: (2) small subdural hematoma: (3) skull fracture.

Solution: This example is similar to example 1 except that the suspected anatomic lesions had not been substantiated diagnostically and less is known about the patient's unconscious state. The injuries should be coded as follows:

	AIS
Skull fracture unspecified	2
Level of consciousness (insufficient for coding purposes)	9

* Use the following injury description: lethargic, stuporous, obtunded, prior unconsciousness but length of time unspecified, no neurologic deficit. Note: Transient weakness of one extremity does not constitute a neurologic deficit.

EXAMPLE 3

The patient was unconscious for a period of an hour or more, and then gradually woke up and was found to be moving all extremities. There was suspicion of a cerebral contusion. Since the crash, the patient has vomited apparently several times. He has been rolling about and not totally lucid or alert with an alternate level of consciousness and somewhat confused.

Medical diagnosis: (1) cerebral contusion: (2) subarachnoid hemorrhage.

Solution: Two brain injuries were recorded for the above victim, in addition to a description of the patient's level of consciousness. Because neither of the two supposed anatomic lesions were substantiated by any of the accepted testing procedures, the coder should disregard the two suspected injuries and assign a single AIS code based upon level of consciousness. The injury is coded: Unconsciousness known to be 1-6 hours with no neurologic deficit, AIS-3.

HEAD
(Cranium and Brain)

INJURY DESCRIPTION	CODE
WHOLE AREA	
<i>Scalp [see EXTERNAL]</i>	
<i>Penetrating injury (penetrates the skull and has entrance and exit sites)</i>	20101.5
<i>Massive crush (substantial deformation of both skull and brain)</i>	20102.6
NERVES (cranial)	
<i>contusion</i>	20201.2
<i>laceration</i>	20202.2
INTERNAL ORGANS	
<u>Anatomic Lesions</u>	
The following injuries should be coded using this section only if verified by CT scan, MRI, surgery, x-ray, angiography or autopsy. Clinical diagnosis alone is not acceptable for coding purposes.	
Brain stem (hypothalamus, medulla, midbrain, pons)	
<i>NFS</i>	20301.5
<i>compression</i>	20302.5
<i>contusion</i>	20303.5
<i>crush</i>	20304.6
<i>injury involving hemorrhage</i>	20305.5
<i>laceration</i>	20306.6
<i>penetrating injury</i>	20307.6
Cerebellum	
<i>NFS</i>	20401.3
Contusion	20402.3
Injury involving any one of the following but not further specified anatomically: subarachnoid hemorrhage, edema. brain swelling, subpial hemorrhage, hygroma, ischemia, infarction	20403.3
laceration	20404.4
hematoma	
epidural	
NFS	20405.4
≤100cc	20406.4
>100cc	20407.5

INJURY DESCRIPTION	CODE
subdural	
NFS	20408.4
≤100cc	20409.4
>100cc	20410.5
hematoma intracerebellar (including petechial and subcortical)	20411.4
diffuse axonal injury (white matter shearing injury)	20412.5
<i>penetrating injury</i>	20413.5
Cerebrum	
NFS	20501.3
contusion	20502.3
Injury involving any one of the following but not further specified anatomically; subarachnoid hemorrhage, edema, brain swelling, subpial hemorrhage, hygroma, ischemia, infarction	20503.3
laceration	20504.4
hematoma	
epidural	
NFS	20505.4
≤100cc	20506.4
>100cc	20507.5
subdural	
NFS	20508.4
≤100cc	20509.4
>100cc	20510.5
hematoma, intracerebral (including petechial and subcortical)	20511.4
diffuse axonal injury (white matter shearing injury)	20512.5
<i>penetrating injury</i>	20513.5

Non-Anatomic (concussive) injuries

Injury descriptions listed in this section C are assigned AIS codes based upon level of consciousness (i.e, Awake; Lethargic, Stuporous, Obtunded; or Unconscious) on initial observation or admission to hospital as indicated in the hospital injury records (section C-1). If level of consciousness on admission or first observation is unknown or unspecified, then length of unconsciousness should be coded using section C-2.

In some cases, the medical information may simply read “concussion” with no other description or clarification of the head injury. To enable coding of these cases, a specific description, “cerebral concussion”, has been included and assigned an AIS -2. It should be emphasized, however, that all injuries in this section are concussive injuries, even though the word “concussion” is not specifically used in each description.

INJURY DESCRIPTION	CODE
Neurologic deficit <i>for more than a transient period</i> is one or more of the following: hemiparesis; hemiplegia; weakness; sensory loss; hyperthesia; visual field defect; aphasia; seizure: unequal pupils: pupils fixed or not reactive: deviation of both eyes to the same side.	
C- 1 LEVEL OF CONSCIOUSNESS	
Awake on admission or initial observation	
no prior unconsciousness, but may have headache or dizziness known to be a result of head trauma	20601.1
prior unconsciousness, but length of time unspecified	20602.2
with neurologic deficit	20603.3
amnesia (no recollection of injury)	20604.2
with neurologic deficit	20605.3
unconsciousness known to be <1hr.	20606.2
with neurologic deficit	20607.3
Lethargic. Stuporous. obtunded on admission or initial observation (can be aroused by verbal stimuli)	
no prior unconscious	20608.2
with neurologic deficit	20609.3
unconsciousness known to be < 1hr	20610.2
with neurologic deficit	20611.3
1-6 hrs.	20612.3
with neurologic deficit	20613.4
prior unconsciousness but length of time unspecified	20614.3
with neurologic deficit	20615.4
loss of consciousness unspecified	20616.3
with neurologic deficit	20617.4
Unconscious on admission or initial observation (unresponsive to verbal commands)	
length of unconsciousness unspecified	20618.3
with neurologic deficit	20619.4
unconsciousness known to be < 1hr.	20620.3
with neurologic deficit	20621.4
1-6 hrs.	20622.3
with neurologic deficit	20623.4
6 - 24 hrs. (includes 1 calendar day when hours cannot be estimated)	20624.4
with neurologic deficit	20625.5

INJURY DESCRIPTION	CODE
>24 hrs.	20626.5
appropriate movements, but only upon painful stimuli (no matter the length of unconsciousness)	20627.4
with neurologic deficit	20628.5
inappropriate movements (decerebrate, decorticate, flaccid, no response to pain – no matter the length of unconsciousness)	20629.5

C-2 LENGTH OF UNCONSCIOUSNESS

When level of consciousness on admission or initial observation is not known. injuries should be coded according to length of unconsciousness.

Unconsciousness known to be < 1hr.	20630.2
with neurologic deficit	20631.3
1-6 hrs.	20632.3
with neurologic deficit	20633.4
6 - 24 hrs. (includes 1 calendar day when hours cannot be estimated)	20634.4
with neurologic deficit	20635.5
> 24 hrs.	20636.5

Only in those cases where the medical diagnosis is given simply as “concussion” with no other description or clarification the following is used :

Cerebral concussion (if diagnosed as such by a physician and no other information available)	20637.2
--	---------

SKELETAL

[Code all skull fractures under vault unless specified as base.]

Fracture

Base (basilar, ethmoid, orbital roof, sphenoid, temporal)

<i>NFS</i>	20701.3
<i>with or without CSF leak</i>	20702.3
<i>complex (open, dura torn with issue loss)</i>	20703.4

Vault (frontal, occipital, parietal, sphenoid, temporal)

<i>NFS</i>	20704.2
<i>closed /undisplaced /diastatic/linear /simple</i>	20705.2
<i>comminuted/compound /depressed/displaced</i>	20706.3
<i>complex (open, dura torn with issue loss)</i>	20727.4
<i>massively depressed (large areas of skull depressed>2cm)</i>	20708.4

**HEAD
FACE**
(including ear and eye)

INJURY DESCRIPTION	CODE
WHOLE AREA	
Skin (including eyelid, lip and external ear) [see EXTERNAL]	
Penetrating injury	
<i>NFS</i>	30101.1
no tissue loss	30102.1
superficial tissue loss	30103.2
major tissue loss	30104.3
NERVES [see CRANIAL NERVES. HEAD]	
VESSELS [see NECK]	
INTERNAL ORGANS	
Ear injury <i>NFS</i>	30201.1
Ear canal injury	30301.1
Inner or middle ear injury	30401.1
Ossicular chain (ear bone) dislocation	30501.2
Tympanic membrane (ear drum) rupture	30601.2
Eye injury <i>NFS</i>	30701.1
Canaliculus (tear duct) laceration	30801.1
Choroid rupture	30901.1
Conjunctiva injury	31001.1
Cornea	
<i>NFS</i>	31101.1
abrasion	31102.1
contusion	31103.1
laceration	31104.2
Eye avulsion	31201.3
Iris laceration	31301.1

INJURY DESCRIPTION	CODE
Optic nerve	
<i>NFS</i>	31401.2
<i>contusion</i>	31402.2
laceration (tear)	31403.3
avulsion	31404.3
Retina laceration	31501.1
with retinal detachment	31502.2
Sclera laceration (rupture)	31601.2
Uvea injury	31701.1
Vitreous injury	31801.1
Mouth	
Gingiva (gum)	
<i>NFS</i>	31901.1
contusion	31902.1
laceration	31903.1
avulsion	31904.1
Tongue laceration	
<i>NFS</i>	32001.1
superficial	32002.1
deep/extensive	32003.2
SKELETAL	
Alveolar ridge (bone) fracture with or without injury to teeth (do not code teeth separately where these occur simultaneously)	32101.2
Mandible	
dislocation [see temporomandibular joint]	
fracture	
<i>NFS</i>	32201.1
closed (<i>NFS</i>)	32202.1
body with or without ramus involvement	32203.2
ramus	32204.1
subcondylar	32205.2
open /displaced /comminuted (<i>NFS</i>)	32206.2
body with or without ramus involvement	32207.3
ramus	32208.2
subcondylar	32209.3

INJURY DESCRIPTION	CODE
Maxilla fracture	
NFS	32301.2
closed	32302.2
LeFort I ^h	32303.2
LeFort II ^j	32304.3
LeFort III ^k	32305.4
Nasal	
contusion	32401.1
fracture	
NFS	32402.1
closed	32403.1
open /displaced /comminuted	32404.2
Orbit fracture	
NFS	32501.2
closed	32502.2
open /displaced /comminuted	32503.3
Teeth [see also Alveolar Ridge]	
NFS	32601.1
dislocation or loosened	32602.1
fracture	32603.1
avulsion	32604.1
Temporomandibular joint	
NFS	32701.1
sprain	32702.1
dislocation	32703.2
Zygoma fracture (any type)	32801.2

^hLeFort I - horizontal segmented fracture of the alveolar process of the maxilla in which the teeth are usually contained in the detached portion of the bone.

^jLeFort II - unilateral or bilateral fracture of the maxilla in which the body of the maxilla is separated from the facial skeleton and the separated portion is pyramidal in shape; the fracture may extend through the body of the maxilla down the midline of the hard palate, through the floor of the orbit and into the nasal cavity.

^kLeFort III - a fracture in which the entire maxilla and one or more facial bones are completely separated from the brain case

NECK

INJURY DESCRIPTION	CODE
WHOLE AREA	
Decapitation	40101.6
Skin (includes all external skin and subcutaneous injury) [see EXTERNAL]	
<i>Penetrating injury</i>	
<i>NFS</i>	40102.2
<i>no organ involvement</i>	40103.2
<i>complex with tissue loss/organ involvement</i>	40104.3
NERVES	
Brachial plexus [see SPAIN]	
Cervical spinal cord or nerve root [see SPINE]	
<i>Vagus or phrenic injury</i>	40201.2
VESSELS	
Carotid (common,internal,external) artery	
<i>NFS</i>	40301.3
<i>intimal tear no description</i>	40302.3
<i>with neurologic deficit not head related</i>	40303.4
<i>laceration</i>	
<i>NFS</i>	40304.3
<i>minor (superficial)^m</i>	40305.3
<i>with neurologic deficit not head related</i>	40306.4
<i>majorⁿ (transection, rupture)</i>	40307.4
<i>with neurologic deficit not head related</i>	40308.5
<i>with segmental loss</i>	40309.5
<i>with thrombosis secondary to trauma</i>	40310.3
<i>with neurologic deficit not head related</i>	40311.4
puncture	
<i>NFS</i>	40312.3
<i>minor (superficial)^m</i>	40313.3
<i>with neurologic deficit not head related</i>	40314.4
<i>majorⁿ (transection rupture)</i>	40315.4
<i>with neurologic deficit not head related</i>	40316.5
<i>with segmental loss</i>	40317.5

^m Minor (superficial) = subtotal transection without major bleeding.

ⁿ Major (rupture, transection) = major bleeding (approx. 1000cc blood loss).

INJURY DESCRIPTION	CODE
<i>with thrombosis secondary to trauma</i>	40318.3
<i>with neurologic deficit not head related</i>	40319.4
<i>thrombosis secondary to trauma</i>	40320.3
<i>with neurologic deficit not head related</i>	40321.4
<i>jugular vein, external</i>	
<i>NFS</i>	40401.1
<i>laceration</i>	
<i>NFS</i>	40402.1
<i>minor (superficial)^m with or without thrombosis</i>	40403.1
<i>majorⁿ (transection rupture)</i>	40404.2
<i>with segmental loss</i>	40405.2
<i>puncture</i>	
<i>NFS</i>	40406.1
<i>minor (superficial)^m with or without thrombosis</i>	40407.1
<i>majorⁿ (transection rupture)</i>	40408.2
<i>with segmental loss</i>	40409.2
<i>jugular vein, internal</i>	
<i>NFS</i>	40501.1
<i>laceration</i>	
<i>NFS</i>	40502.3
<i>minor (superficial)^m with or without thrombosis</i>	40503.3
<i>majorⁿ (transection, rupture)</i>	40504.4
<i>with segmental loss</i>	40505.4
<i>puncture</i>	
<i>NFS</i>	40506.3
<i>minor (superficial)^m with or without thrombosis</i>	40507.3
<i>majorⁿ (transection, rupture)</i>	40508.4
<i>with segmental loss</i>	40509.4
Subclavian artery or vein [see THORAX]	
<i>Vertebral artery</i>	
<i>NFS</i>	40601.3
<i>intimal tear, no disruption</i>	40602.3
<i>with neurologic deficit not head related</i>	40603.4

^m Minor (superficial) = subtotal transection without major bleeding.

ⁿ Major (rupture, transection) = major bleeding (approx. 1000cc blood loss).

INJURY DESCRIPTION	CODE
<i>laceration</i>	
<i>NFS</i>	40604.3
<i>minor (superficial)^m</i>	40605.3
<i>with neurologic deficit not head related</i>	40606.4
<i>majorⁿ (transection, rupture)</i>	40607.4
<i>with neurologic deficit not head related</i>	40608.5
<i>with segmental loss</i>	40609.5
<i>with thrombosis secondary to trauma</i>	40610.4
<i>puncture</i>	
<i>NFS</i>	40611.3
<i>minor (superficial)^m</i>	40612.3
<i>with neurologic deficit not head related</i>	40613.4
<i>majorⁿ (transection, rupture)</i>	40614.4
<i>with neurologic deficit not head related</i>	40615.5
<i>with segmental loss</i>	40616.5
<i>with thrombosis secondary to trauma</i>	40617.4
<i>thrombosis secondary to trauma</i>	40618.4
<i>with neurologic deficit not head related</i>	40619.5

INTERNAL ORGANS

Esophagus [see THORAX]

Larynx (includes thyroid and cricoid cartilage)

<i>NFS</i>	40701.3
contusion (hematoma)	40702.3
<i>laceration</i>	
<i>NFS</i>	40703.3
<i>no perforation (partial thickness)</i>	40704.3
<i>perforation (full thickness)</i>	40705.4
<i>with tissue loss (complex avulsion rupture transection)</i>	40706.5
<i>puncture</i>	
<i>NFS</i>	40707.3
<i>no perforation (partial thickness)</i>	40708.3
<i>perforation (full thickness)</i>	40709.4
<i>with tissue loss (complex avulsion rupture transection)</i>	40710.5
<i>crush</i>	40711.4

^m Minor (superficial) = subtotal transection without major bleeding.

ⁿ Major (rupture, transection) = major bleeding (approx. 1000cc blood loss).

INJURY DESCRIPTION	CODE
<i>Pharynx or Retropharyngeal tissue</i>	
<i>injury NFS</i>	40801.3
<i>contusion (hematoma)</i>	40802.3
<i>laceration</i>	
<i>NFS</i>	40803.3
<i>no perforation (partial thickness)</i>	40804.3
<i>perforation (full thickness)</i>	40805.4
<i>with tissue loss (complex avulsion rupture transection)</i>	40806.5
<i>puncture</i>	
<i>NFS</i>	40807.3
<i>no perforation (partial thickness)</i>	40808.3
<i>perforation (full thickness)</i>	40809.4
<i>with tissue loss (complex, avulsion, rupture, transection)</i>	40810.5
<i>Thyroid gland</i>	
<i>NFS</i>	40901.2
<i>contusion (hematoma)</i>	40902.2
<i>laceration</i>	40903.3
<i>Trachea [see THORAX]</i>	
<i>vocal cord injury</i>	41001.2
<i>with major respiratory difficulty</i>	41002.5
SKELETAL	
<i>Cervical spine [see SPAIN]</i>	
<i>Hyoid fracture</i>	41101.2
<i>with major respiratory difficulty</i>	41102.5

THORAX

INJURY DESCRIPTION	CODE
WHOLE AREA	
Massive crush (<i>substantial bilateral deformation of chest wall and internal organs</i>)	50101.6
Skin [see EXTERNAL]	
<i>Penetrating injury</i>	
<i>NFS</i>	50102.1
<i>simple, no violation of pleural cavity</i>	50103.1
<i>complex with tissue loss but no violation of pleural cavity</i>	50104.3
<i>Inhalation injury excluding carbon monoxide poisoning (involving trachial-bronchial tree</i>	
<i>minor (above the glottis)</i>	50105.3
<i>severe (typically requiring mechanical respiratory support)</i>	50106.5
VESSELS	
<i>Aorta, thoracic</i>	
<i>NFS</i>	50201.4
<i>intimal tear, no disruption</i>	50202.4
<i>laceration</i>	
<i>NFS</i>	50203.4
<i>minor^m (superficial)</i>	50204.4
<i>major (incomplete transection)</i>	50205.5
<i>with segmental loss or total severance</i>	50206.6
<i>with thrombosis secondary to trauma</i>	50207.5
<i>puncture</i>	
<i>NFS</i>	50208.4
<i>minor^m (superficial)</i>	50209.4
<i>major (incomplete transection)</i>	50210.5
<i>with segmental loss or total severance</i>	50211.6
<i>with thrombosis secondary to trauma</i>	50212.5
<i>thrombosis secondary to trauma</i>	50213.3
<i>Brachiocephalic (innominate) artery</i>	
<i>NFS</i>	50301.3
<i>intimal tear, no disruption</i>	50302.3

^m Minor (superficial) = subtotal transection without major bleeding.

INJURY DESCRIPTION	CODE
<i>laceration</i>	
<i>NFS</i>	50303.3
<i>minor^m (superficial)</i>	50304.3
<i>majorⁿ</i>	50305.4
<i>with segmental loss</i>	50306.6
<i>with thrombosis secondary to trauma</i>	50307.4
<i>puncture</i>	
<i>NFS</i>	50308.3
<i>minor^m (superficial)</i>	50309.3
<i>majorⁿ</i>	50310.4
<i>with segmental loss</i>	50311.6
<i>with thrombosis secondary to trauma</i>	50312.4
<i>thrombosis secondary to trauma</i>	50313.3
<i>Brachiocephalic (innominate) vein</i>	
<i>NFS</i>	50401.3
<i>laceration</i>	
<i>NFS</i>	50402.3
<i>minor^m (superficial)</i>	50403.3
<i>majorⁿ</i>	50404.4
<i>with segmental loss</i>	50405.5
<i>puncture</i>	
<i>NFS</i>	50406.3
<i>minor^m (superficial)</i>	50407.3
<i>majorⁿ</i>	50408.4
<i>with segmental loss</i>	50409.5
Carotid (common, internal, external [see NECK])	
<i>Pulmonary artery</i>	50501.3
<i>NFS</i>	50502.3
<i>intimal tear, no disruption</i>	
<i>laceration</i>	
<i>NFS</i>	50503.3
<i>minor^m (superficial)</i>	50504.3
<i>majorⁿ</i>	50505.4
<i>with segmental loss</i>	50506.6
<i>with thrombosis is secondary to trauma</i>	50507.4

^m Minor (superficial) = subtotal transection without major bleeding.

ⁿ Major (rupture, transection) = major bleeding (approx. 1000cc blood loss).

INJURY DESCRIPTION	CODE
<i>puncture</i>	
<i>NFS</i>	50508.3
<i>minor^m (superficial)</i>	50509.3
<i>majorⁿ</i>	50510.4
<i>with segmental loss</i>	50511.6
<i>with thrombosis is secondary to trauma</i>	50512.4
<i>thrombosis secondary to trauma</i>	50513.3
<i>Pulmonary vein</i>	
<i>NFS</i>	50601.3
<i>laceration</i>	
<i>NFS</i>	50602.3
<i>minor^m (superficial)</i>	50603.3
<i>majorⁿ</i>	50604.4
<i>with segmental loss</i>	50605.5
<i>puncture</i>	
<i>NFS</i>	50606.3
<i>minor^m (superficial)</i>	50607.3
<i>majorⁿ</i>	50608.4
<i>with segmental loss or avulsion</i>	50609.5
<i>Subclavian artery</i>	
<i>NFS</i>	50701.3
<i>intimal tear. no disruption</i>	50702.3
<i>laceration</i>	
<i>NFS</i>	50703.3
<i>minor^m (superficial)</i>	50704.3
<i>majorⁿ</i>	50705.4
<i>with segmental loss</i>	50706.6
<i>with thrombosis secondary to trauma</i>	50707.4
<i>puncture</i>	
<i>NFS</i>	50708.3
<i>minor^m (superficial)</i>	50709.3
<i>majorⁿ</i>	50710.4
<i>with segmental loss</i>	50711.6
<i>with thrombosis is secondary to trauma</i>	50712.4
<i>thrombosis secondary to trauma</i>	50713.3

^m Minor (superficial) = subtotal transection without major bleeding.

ⁿ Major (rupture, transection) = major bleeding (approx. 1000cc blood loss).

INJURY DESCRIPTION	CODE
<i>Subclavian vein</i>	
<i>NFS</i>	50801.3
<i>laceration</i>	
<i>NFS</i>	50802.3
<i>minor^m (superficial)</i>	50803.3
<i>majorⁿ</i>	50804.4
<i>with segmental loss</i>	50805.4
<i>puncture</i>	
<i>NFS</i>	50806.3
<i>minor^m (superficial)</i>	50807.3
<i>majorⁿ</i>	50808.4
<i>with segmental loss</i>	50809.5
<i>Vena Cava, superior and thoracic portion</i>	
<i>NFS</i>	50901.3
<i>laceration</i>	
<i>NFS</i>	50902.3
<i>minor^m (superficial) with or without thrombosis</i>	50903.3
<i>majorⁿ</i>	50904.4
<i>with segmental loss</i>	50905.5
<i>puncture</i>	
<i>NFS</i>	50906.3
<i>minor^m (superficial) with or without thrombosis</i>	50907.3
<i>majorⁿ</i>	50908.4
<i>with segmental loss</i>	50909.5
<i>Arteries: other named arteries (e.g., coronary, esophageal, intercostal, interthoracic)</i>	
<i>NFS</i>	51001.3
<i>intimal tear, no disruption</i>	51002.3
<i>laceration</i>	
<i>NFS</i>	51003.3
<i>minor^m (superficial)</i>	51004.3
<i>majorⁿ</i>	51005.4
<i>with segmental loss</i>	51006.5
<i>with thrombosis secondary to trauma</i>	51007.3

^m Minor (superficial) = subtotal transection without major bleeding.

ⁿ Major (rupture, transection) = major bleeding (approx. 1000cc blood loss).

INJURY DESCRIPTION	CODE
<i>puncture</i>	
<i>NFS</i>	51008.3
<i>minor^m (superficial)</i>	51009.3
<i>majorⁿ</i>	51010.4
<i>with segmental loss</i>	51011.5
<i>with thrombosis is secondary to trauma</i>	51012.3
<i>thrombosis secondary to trauma</i>	51013.3
<i>Veins: other named veins (e.g., azygos, cardiac, hemiazygos)</i>	
<i>NFS</i>	51101.3
<i>laceration</i>	
<i>NFS</i>	51102.3
<i>minor^m (superficial)</i>	51103.3
<i>majorⁿ</i>	51104.4
<i>with segmental loss</i>	51105.4
<i>puncture</i>	
<i>NFS</i>	51106.3
<i>minor^m (superficial)</i>	51107.3
<i>majorⁿ</i>	51108.4
<i>with segmental loss</i>	51109.4
NERVES	
Spinal cord [see SPINE]	
Phrenic, vagus [see NECK]	
INTERNAL ORGANS	
Trachea	
<i>NFS</i>	51201.3
<i>Contusion (hematoma)</i>	51202.3
<i>laceration</i>	
<i>NFS</i>	51203.3
<i>no perforation (partial thickness)</i>	51204.3
<i>perforation (full thickness)</i>	51205.4
<i>with tissue loss (complex, avulsion, rupture, transection)</i>	51206.5
<i>puncture</i>	
<i>NFS</i>	51207.3
<i>no perforation (partial thickness)</i>	51208.3
<i>perforation (full thickness)</i>	51209.4
<i>with tissue loss (complex, avulsion, rupture, transection)</i>	51210.5

^m Minor (superficial) = subtotal transection without major bleeding.

ⁿ Major (rupture, transection) = major bleeding (approx. 1000cc blood loss).

INJURY DESCRIPTION	CODE
<i>fracture</i>	
<i>NFS</i>	51211.4
<i>simple</i>	51212.4
<i>major (with laryngeal-tracheal separation)</i>	51213.5
<i>crush</i>	51214.4
Bronchus. major	
<i>NFS</i>	51301.3
<i>contusion (hematoma)</i>	51302.2
<i>laceration</i>	
<i>NFS</i>	51303.3
<i>no perforation (partial thickness)</i>	51304.3
<i>perforation (full thickness)</i>	51305.4
<i>with tissue loss (complex, avulsion, rupture, transection)</i>	51306.5
<i>puncture</i>	
<i>NFS</i>	51307.3
<i>no perforation (partial thickness)</i>	51308.3
<i>perforation (full thickness)</i>	51309.4
<i>with tissue loss (complex, avulsion, rupture, transection)</i>	51310.5
<i>fracture</i>	
<i>NFS</i>	51311.4
<i>simple</i>	51312.4
<i>major (with separation)</i>	51313.5
Lung	
<i>contusion</i>	
<i>NFS</i>	51401.3
<i>segmental involving one lobe</i>	51402.3
<i>lobar involving one lobe</i>	51403.3
<i>multiple lobes</i>	51404.4
<i>laceration</i>	
<i>NFS</i>	51405.3
<i>with > 1000cc hemothorax</i>	51406.4
<i>with tension pneumothorax</i>	51407.4
<i>with hemomediastinum</i>	51408.4
<i>with pneumomediastinum</i>	51409.4

INJURY DESCRIPTION	CODE
<i>segmental involving one lobe</i>	51410.3
<i>with > 1000cc hemothorax</i>	51411.4
<i>with tension pneumothorax</i>	51412.4
<i>with hemomediastinum</i>	51413.4
<i>with pneumomediastinum</i>	51414.4
<i>lobar involving one lobe</i>	51415.3
<i>with > 1000cc hemothorax</i>	51416.4
<i>with tension pneumothorax</i>	51417.4
<i>with hemomediastinum</i>	51418.4
<i>with pneumomediastinum</i>	51419.4
<i>multiple lobes</i>	51420.4
<i>with > 1000cc hemothorax</i>	51421.5
<i>with tension pneumothorax</i>	51422.5
<i>with hemomediastinum</i>	51423.5
<i>with pneumomediastinum</i>	51424.5
Esophagus	
<i>NFS</i>	51501.3
<i>contusion (hematoma)</i>	51502.3
<i>laceration</i>	
<i>NFS</i>	51503.3
<i>no perforation (partial thickness)</i>	51504.3
<i>perforation (full thickness)</i>	51505.4
<i>with tissue loss (complex, avulsion, rupture, transection)</i>	51506.5
<i>chemical burn (code as for laceration)</i>	
Diaphragm	
<i>contusion</i>	51601.2
<i>laceration (rupture)</i>	51602.3
Myocardium	
<i>NFS</i>	51701.4
<i>contusion (hematoma)</i>	51702.4
<i>laceration</i>	
<i>NFS</i>	51703.5
<i>simple (perforation, puncture)</i>	51704.5
<i>complex (avulsion, rupture, with or without cardiac tamponade)</i>	51705.6
Pericardium	
<i>NFS</i>	51801.3

INJURY DESCRIPTION	CODE
contusion NFS	51802.3
with unilateral hemothorax	51803.3
with unilateral pneumothorax	51804.3
with unilateral hemopneumothorax	51805.3
with bilateral hemothorax	51806.4
with bilateral pneumothorax	51807.4
with bilateral hemopneumothorax	51808.4
<i>with cardiac tamponade</i>	51809.4
laceration (rupture)	
NFS	51810.4
with hemothorax	51811.5
with pneumothorax	51812.5
with hemopneumothorax	51813.5
with pneumomediastinum	51814.5
puncture (perforation)	
NFS	51815.4
with hemothorax	51816.5
with pneumothorax	51817.5
with hemopneumothorax	51818.5
with pneumomediastinum	51819.5
Intracardiac valve laceration (rupture)	51901.5
<i>Corde tendinae laceration (rupture)</i>	52001.5
Septum laceration (rupture)	52101.5
<i>Pleural laceration</i>	52201.2
Thoracic cavity injury	
NFS	52301.3
with unilateral hemothorax	52302.3
with unilateral pneumothorax	52303.3
with unilateral hemopneumothorax	52304.3
with bilateral hemothorax	52305.4
with bilateral pneumothorax	52306.4
with bilateral hemopneumothorax	52307.4
with hemomediastium	52308.4
with pneumomediastinum	52309.4
with tension pneumothorax	52310.4
<i>> 1000cc hemothorax</i>	52311.4
Thoracic duct laceration	52401.2

INJURY DESCRIPTION	CODE
SKELETAL	
Rib cage	
contusion	52501.1
fracture	
NFS	52502.1
single rib	52503.1
with hemothorax	52504.2
with pneumothorax	52505.2
with hemomediastium	52506.2
with pneumomediastinum	52507.2
> 1 rib NFS	52508.2
2-3 ribs, stable chest	52509.2
with hemothorax	52510.3
with pneumothorax	52511.3
with hemomediastium	52512.3
with pneumomediastinum	52513.3
multiple fractures of single rib	52514.2
with hemothorax	52515.3
with pneumothorax	52516.3
with hemomediastium	52517.3
with pneumomediastinum	52518.3
≥ 4 ribs, stable chest	52519.3
with hemothorax	52520.4
with pneumothorax	52521.4
with hemomediastium	52522.4
with pneumomediastinum	52523.4
open/displaced/comminuted	52524.3
with hemothorax	52525.4
with pneumothorax	52526.4
with hemomediastium	52527.4
with pneumomediastinum	52528.4
flail (unstable chest wall)	52529.4
severe (usually requiring respiratory support)	52530.5
Sternum	
<i>contusion</i>	52601.1
<i>fracture</i>	52602.2

Note: Where two thoracic injuries occur in the same patient. hemo-pneumo-hemo-pneumothorax or hemo-pneumo-hemo-pneumomediastinum should increase the score for only one of the injuries. Injuries coded 5 should not be upgraded to 6.

ABDOMEN AND PELVIC CONTENTS

INJURY DESCRIPTION	CODE
WHOLE AREA	
Abdominal wall	
laceration through peritoneum	
NFS	60101.1
simple (superficial)	60102.2
with tissue loss (complex, avulsion, rupture)	60103.3
<i>Penetrating injury</i>	
NFS	60104.1
<i>simple, no peritoneal penetration</i>	60105.1
<i>superficial tissue loss but no peritoneal penetration</i>	60106.2
<i>with significant tissue loss but no peritoneal penetration</i>	60107.3
Skin [see EXTERNAL]	
VESSELS	
<i>Aorta, Abdominal</i>	
NFS	60201.4
<i>intimal tear, no disruption</i>	60202.4
<i>laceration</i>	
NFS	60203.4
<i>minor^m (superficial)</i>	60204.4
<i>major (incomplete transection)</i>	60205.5
<i>with segmental loss or total severance</i>	60206.6
<i>with thrombosis secondary to trauma</i>	60207.5
<i>puncture</i>	
NFS	60208.4
<i>minor^m (superficial)</i>	60209.4
<i>major (incomplete transection)</i>	60210.5
<i>with segmental loss or total severance</i>	60211.6
<i>with thrombosis secondary to trauma</i>	60212.5
<i>thrombosis secondary to trauma</i>	60213.3
<i>Iliac artery (common, internal, external)</i>	
NFS	60301.3
<i>intimal tear, no disruption</i>	60302.3

^m Minor (superficial) = subtotal transection without major bleeding.

INJURY DESCRIPTION	CODE
<i>laceration</i>	
<i>NFS</i>	60303.3
<i>minor^m (superficial)</i>	60304.3
<i>majorⁿ (rupture, transection)</i>	60305.4
<i>with segmental loss or total severance</i>	60306.5
<i>with thrombosis secondary to trauma</i>	60307.4
<i>puncture</i>	
<i>NFS</i>	60308.3
<i>minor^m (superficial)</i>	60309.3
<i>majorⁿ (rupture, transection)</i>	60310.4
<i>with segmental loss or total severance</i>	60311.5
<i>with thrombosis secondary to trauma</i>	60312.4
<i>thrombosis secondary to trauma</i>	60313.3
<i>Iliac vein (common, internal, external)</i>	
<i>NFS</i>	60401.3
<i>laceration</i>	
<i>NFS</i>	60402.3
<i>minor^m (superficial) with or without thrombosis</i>	60403.3
<i>majorⁿ (rupture, transection)</i>	60404.4
<i>with segmental loss</i>	60405.4
<i>puncture</i>	
<i>NFS</i>	60406.3
<i>minor^m (superficial) with or without thrombosis</i>	60407.3
<i>majorⁿ (rupture, transection)</i>	60408.4
<i>with segmental loss</i>	60409.4
<i>Vena cava, Inferior</i>	
<i>NFS</i>	60501.3
<i>laceration</i>	
<i>NFS</i>	60502.3
<i>minor^m (superficial) with or without thrombosis</i>	60503.3
<i>majorⁿ (rupture, transection)</i>	60504.4
<i>with segmental loss</i>	60505.5
<i>puncture</i>	
<i>NFS</i>	60507.3
<i>minor^m (superficial) with or without thrombosis</i>	60508.3
<i>majorⁿ (rupture, transection)</i>	60509.4
<i>with segmental loss</i>	60510.5

^m Minor (superficial) = subtotal transection without major bleeding.

ⁿ Major (rupture, transection) = major bleeding (approx. 1000cc blood loss).

INJURY DESCRIPTION	CODE
<i>Arteries: other named arteries (e.g., common, hepatic, renal, splenic, supermesenteric)</i>	
NFS	60601.3
<i>Intimal tear, no disruption</i>	60602.3
<i>laceration</i>	
NFS	60603.3
<i>minor^m (superficial)</i>	60604.3
<i>majorⁿ (rupture, transection)</i>	60605.4
<i>with segmental loss</i>	60606.5
<i>with thrombosis secondary to trauma</i>	60607.4
<i>puncture</i>	
NFS	60608.3
<i>minor^m (superficial)</i>	60609.3
<i>majorⁿ (rupture, transection)</i>	60610.4
<i>with segmental loss</i>	60611.5
<i>with thrombosis secondary to trauma</i>	60612.4
<i>thrombosis secondary to trauma</i>	60613.3
<i>Veins: other named veins (e.g., portal, renal, splenic, supermesenteric)</i>	
NFS	60701.3
<i>laceration</i>	
NFS	60702.3
<i>minor^m (superficial) with or without thrombosis</i>	60703.3
<i>majorⁿ (rupture, transection)</i>	60704.4
<i>with segmental loss</i>	60705.4
<i>puncture</i>	
NFS	60706.3
<i>minor^m (superficial) with or without thrombosis</i>	60707.3
<i>majorⁿ (rupture, transection)</i>	60708.4
<i>with segmental loss</i>	60709.4

NERVES

Lumbar spinal cord [see SPINE]

Cauda equina [see SPINE]

INTERNAL ORGANS

Whole Area or Unspecified (Use the descriptions in this section only when specific injury or organ is unknown)

^m Minor (superficial) = subtotal transection without major bleeding.

ⁿ Major (rupture, transection) = major bleeding (approx. 1000cc blood loss).

INJURY DESCRIPTION	CODE
Abdominal injury	
<i>NFS</i>	60801.1
<i>with hematuria</i>	60802.1
<i>with hemoperitoneum</i>	60803.2
Peritoneum, anterior [see Abdominal wall]	
Retroperitoneal injury involving hemorrhage or hematoma	60804.3
[if this injury occurs in combination with other abdominal injury, code it only if it can be determined that it is unrelated to the other injury]	
<i>GI Tract</i>	
Esophagus [see THORAX]	
Stomach	
<i>NFS</i>	60901.2
<i>contusion (hematoma)</i>	60902.2
<i>laceration</i>	
<i>NFS</i>	60903.2
<i>no perforation (partial thickness)</i>	60904.2
<i>perforation (full thickness)</i>	60905.4
<i>with tissue loss (complex, avulsion, rupture)</i>	60906.4
Duodenum	
<i>NFS</i>	61001.2
<i>contusion (hematoma)</i>	61002.2
<i>laceration</i>	
<i>NFS</i>	61003.3
<i>no perforation (partial thickness)</i>	61004.3
<i>perforation (full thickness)</i>	61005.4
<i>with tissue loss (complex, avulsion, rupture, gross peritoneal contamination)</i>	61006.5
Gallbladder (if only duct injury code as for gallbladder only)	
<i>NFS</i>	61101.2
contusion (hematoma)	61102.2
perforation <i>NFS</i>	61103.3
with common or hepatic bile duct involvement	61104.4
laceration	
<i>NFS</i>	61105.2
minor (superficial)	61106.2
with common or hepatic bile duct injured	61107.3
with tissue loss (complex, avulsion, rupture)	61108.3

INJURY DESCRIPTION	CODE
<i>Colon (large bowel)</i>	
<i>NFS</i>	61201.2
<i>contusion (hematoma)</i>	61202.2
<i>laceration</i>	
<i>NFS</i>	61203.3
<i>no perforation (partial thickness)</i>	61204.3
<i>perforation (full thickness)</i>	61205.4
<i>with tissue loss (complex, avulsion, rupture, gross peritoneal contamination)</i>	61206.5
<i>Mesentary</i>	
<i>NFS</i>	61301.2
<i>contusion (hematoma)</i>	61302.2
<i>laceration</i>	
<i>NFS</i>	61303.2
<i>minor (superficial)</i>	61304.2
<i>major</i>	61305.3
<i>with tissue loss (complex, avulsion, rupture, stellate)</i>	61306.4
<i>Jejunum-ileum (small bowel)</i>	
<i>NFS</i>	61401.2
<i>contusion (hematoma)</i>	61402.2
<i>laceration</i>	
<i>NFS</i>	61403.2
<i>no perforation (partial thickness)</i>	61404.2
<i>perforation (full thickness)</i>	61405.3
<i>with tissue loss (complex, avulsion, rupture, gross peritoneal contamination)</i>	61406.4
<i>Rectum</i>	
<i>NFS</i>	61501.2
<i>contusion (hematoma)</i>	61502.2
<i>laceration</i>	
<i>NFS</i>	61503.3
<i>no perforation (partial thickness)</i>	61504.3
<i>perforation (full thickness)</i>	61505.4
<i>with tissue loss (complex, avulsion, rupture, with gross fecal contamination of pelvic space)</i>	61506.5
<i>Anus</i>	
<i>NFS</i>	61601.2
<i>contusion (hematoma)</i>	61602.2

INJURY DESCRIPTION	CODE
laceration	
NFS	61603.2
no perforation (partial thickness)	61604.2
perforation (full thickness)	61605.3
with tissue loss (complex, avulsion, rupture)	61606.4
Solid Organs	
<i>Kidney or Adrenal Gland</i>	
NFS	61701.2
<i>contusion (hematoma)</i>	
NFS	61702.2
<i>minor (superficial)</i>	61703.2
<i>major (large, deep)</i>	61704.3
<i>laceration</i>	
NFS	61705.2
<i>minor (superficial)</i>	61706.2
<i>with major vessel</i>	61707.3
<i>or hemoperitoneum >1 liter</i>	
<i>major</i>	61708.3
<i>with tissue loss (complex, avulsion, rupture, stellate)</i>	61709.5
<i>Liver</i>	
NFS	61801.2
<i>contusion (hematoma)</i>	
NFS	61802.2
<i>minor (superficial)</i>	61803.2
<i>major (large, deep)</i>	61804.3
<i>laceration</i>	
NFS	61805.2
<i>minor (superficial)</i>	61806.2
<i>With major vessel or major duct involvement</i>	61807.3
<i>or hemoperitoneum > 1 liter</i>	
<i>major</i>	61808.4
<i>with tissue loss (complex, avulsion, rupture, stellate)</i>	61809.5
<i>Spleen</i>	
NFS	61901.2

INJURY DESCRIPTION	CODE
<i>contusion (hematoma)</i>	
<i>NFS</i>	61902.2
<i>minor (superficial)</i>	61903.2
<i>major (large, deep)</i>	61904.3
<i>laceration (rupture)</i>	
<i>NFS</i>	61905.2
<i>minor (superficial)</i>	61906.2
<i>with major vessel</i>	61907.3
<i>or hemoperitoneum > 1 liter</i>	
<i>major</i>	61908.3
<i>with tissue loss (complex, avulsion, stellate)</i>	61909.5
<i>Pancreas</i>	
<i>NFS</i>	62001.2
<i>contusion (hematoma)</i>	
<i>NFS</i>	62002.2
<i>minor (superficial)</i>	62003.2
<i>major (large, deep)</i>	62004.3
<i>laceration</i>	
<i>NFS</i>	62005.2
<i>minor (superficial)</i>	62006.2
<i>with major vessel or major duct involvement</i>	62007.3
<i>or hemoperitoneum > 1 liter</i>	
<i>major</i>	62008.3
<i>with tissue loss (complex, avulsion, rupture, stellate)</i>	62009.5
GU System	
<i>Bladder (urinary)</i>	
<i>NFS</i>	62101.2
<i>contusion (hematoma)</i>	62102.2
<i>laceration</i>	
<i>NFS</i>	62103.2
<i>no perforation (partial thickness)</i>	62104.2
<i>perforation (full thickness)</i>	62105.3
<i>with tissue loss (complex, avulsion, rupture)</i>	62106.4
<i>Ureter</i>	
<i>NFS</i>	62201.2
<i>contusion (hematoma)</i>	62202.2

INJURY DESCRIPTION	CODE
<i>laceration</i>	
<i>NFS</i>	62203.2
<i>no perforation (partial thickness)</i>	62204.2
<i>perforation (full thickness)</i>	62205.3
<i>with tissue loss (complex, avulsion, rupture)</i>	62206.4
<i>Urethra</i>	
<i>NFS</i>	62301.2
<i>contusion (hematoma)</i>	62302.2
<i>laceration</i>	
<i>NFS</i>	62303.2
<i>no perforation (partial thickness)</i>	62304.2
<i>perforation (full thickness)</i>	62305.3
<i>with tissue loss (complex, avulsion, rupture)</i>	62306.4
<i>Ovarian (Fallopian) tube laceration</i>	62401.4
<i>Ovary</i>	
<i>NFS</i>	62501.1
<i>contusion (hematoma)</i>	62502.1
<i>laceration</i>	
<i>NFS</i>	62503.2
<i>minor (superficial)</i>	62504.2
<i>major (deep)</i>	62505.3
<i>complex (avulsion, rupture)</i>	62506.4
<i>perforation</i>	
<i>NFS</i>	62507.2
<i>minor (superficial)</i>	62508.2
<i>major (deep)</i>	62509.3
<i>complex (avulsion, rupture)</i>	62510.4
<i>Placental abruption</i>	62601.4
<i>Uterus</i>	
<i>NFS</i>	62701.1
<i>contusion (hematoma)</i>	62702.2
<i>laceration</i>	
<i>NFS</i>	62703.2
<i>minor (superficial)</i>	62704.2
if pregnancy in 2nd trimester	62705.3
if pregnancy in 3rd trimester	62706.4

INJURY DESCRIPTION	CODE
major	62707.3
if pregnancy in 2nd trimester	62708.4
if pregnancy in 3rd trimester	62709.5
complex (avulsion, rupture)	62710.3
if pregnancy in 2nd trimester	62711.4
if pregnancy in 3rd trimester	62712.5
perforation	
NFS	62713.2
minor (superficial)	62714.2
if pregnancy in 2nd trimester	62715.3
if pregnancy in 3rd trimester	62716.4
major	62717.3
if pregnancy in 2nd trimester	62718.4
if pregnancy in 3rd trimester	62719.5
complex (avulsion, rupture)	62720.3
if pregnancy in 2nd trimester	62721.4
if pregnancy in 3rd trimester	62722.5
Vagina	
NFS	62801.1
Abrasion	62802.1
contusion (hematoma)	62803.1
laceration	
NFS	62804.1
minor (superficial)	62805.1
major	62806.3
complex (avulsion, rupture)	62807.3
perforation	
NFS	62808.1
minor (superficial)	62809.1
major	62810.3
complex (avulsion, rupture)	62811.3
Vulva	
NFS	62901.1
abrasion	62902.1
contusion (hematoma)	62903.1
laceration	
NFS	62904.1
<i>minor (superficial)</i>	62905.1

INJURY DESCRIPTION	CODE
<i>major</i>	62906.3
<i>complex (avulsion, rupture)</i>	62907.3
perforation	
NFS	62908.1
<i>minor (superficial)</i>	62909.1
<i>major</i>	62910.3
<i>complex (avulsion, rupture)</i>	62911.3
Penis	
NFS	63001.1
contusion (hematoma)	63002.1
laceration	
NFS	63003.2
<i>minor (superficial)</i>	63004.2
<i>major</i>	63005.3
<i>complex (avulsion, rupture)</i>	63006.4
perforation	
NFS	63007.2
<i>minor (superficial)</i>	63008.2
<i>major</i>	63009.3
Testis	
NFS	63101.1
contusion (hematoma)	63102.1
laceration	
NFS	63103.2
<i>minor (superficial)</i>	63104.2
<i>major</i>	63105.3
<i>complex (avulsion, amputation)</i>	63106.4
perforation	
NFS	63107.2
<i>minor (superficial)</i>	63108.2
<i>major</i>	63109.3
Scrotum	
NFS	63201.1
abrasion	63202.1
contusion (hematoma)	63203.1
laceration	
NFS	63204.1

INJURY DESCRIPTION	CODE
minor (superficial)	63205.1
major	63206.2
complex (avulsion, rupture, amputation)	63207.3
perforation	
NFS	63208.1
minor (superficial)	63209.1
major	63210.2
Perineum	
NFS	63301.1
abrasion	63302.1
contusion (hematoma)	63303.1
laceration	
NFS	63304.1
minor (superficial)	63305.1
major	63306.3
complex (avulsion, rupture)	63307.3
perforation	
NFS	63308.1
minor (superficial)	63309.1
major	63310.3
complex (avulsion, rupture)	63311.3

SKELETAL

Lumbar spine [see Spine]

Pelvis [see EXTREMITIES including BONY PELVIS]

Ribs [see THORAX]

CERVICAL SPINE

INJURY DESCRIPTION	CODE
Strain, Acute (no fracture or dislocation)	70101.1
Cord Contusion (includes compression documented by xray, CT scan, myelogram, or autopsy)	
NFS	70201.3
with transient neurological signs	
without fracture of dislocation	70202.3
with fracture	70203.3
with dislocation	70204.3
with fracture and dislocation	70205.3
incomplete cord syndrome (preservation of some sensation or motor function: includes anterior cord, central cord, lateral cord [Brown-Sequard] syndromes)	
NFS	70206.4
with fracture or dislocation	70207.4
with fracture	70208.4
with dislocation	70209.4
with fracture and dislocation	70210.4
complete cord syndrome (quadriplegia or paraplegia with no sensation)	
NFS	70211.5
C-4 or below	
with no fracture of dislocation	70212.5
with fracture	70213.5
with dislocation	70214.5
with fracture and dislocation	70215.5
C-3 or above	
with no fracture of dislocation	70216.6
with fracture	70217.6
with dislocation	70218.6
with fracture and dislocation	70219.6
Cord Laceration (includes Transection and Crush)	
NFS	70301.5
incomplete (preservation of some sensation or motor function)	
NFS	70302.5
with no fracture of dislocation	70303.5
with fracture	70304.5
with dislocation	70305.5
with fracture and dislocation	70306.5
Complete cord syndrome (quadriplegia or paraplegia with no sensation)	
NFS	70307.5

INJURY DESCRIPTION	CODE
C-4 or below	
with no fracture or dislocation	70308.5
with fracture	70309.5
with dislocation	70310.5
with fracture and dislocation	70311.5
C-3 or above	
with no fracture or dislocation	70312.6
with fracture	70313.6
with dislocation	70314.6
with fracture and dislocation	70315.6
Disc Herniation with nerve root damage (radiculopathy): equivalent to ruptured disc	70401.3
Dislocation (subluxation) without cord contusion or laceration	
NFS	70501.2
spinous process	70502.2
transverse process	70503.2
atlanto - occipital	70504.2
facet	70505.3
lamina	70506.3
pedicle	70507.3
odontoid (dens)	70508.3
vertebral body	70509.3
Fracture without cord contusion or laceration	
NFS	70601.2
spinous process	70602.2
transverse process	70603.2
facet	70604.3
lamina	70605.3
pedicle	70606.3
odontoid (dens)	70607.3
vertebral body	
NFS	70608.2
minor compression (\leq 20% loss of anterior height)	70609.2
major compression ($>$ 20% loss of height)	70610.3
multiple, adjacent minor compression fracture	70611.3
Nerve Root, trunk or brachial plexus	
NFS	70701.2
laceration	70702.2
avulsion	70703.2

THORACIC SPINE

INJURY DESCRIPTION	CODE
Strain, Acute (no fracture or dislocation)	73101.1
Cord Contusion (includes compression documented by xray, CT scan, myelogram, or autopsy)	
NFS	73201.3
with transient neurological signs	
without fracture or dislocation	73202.3
with fracture	73203.3
with dislocation	73204.3
with fracture and dislocation	73205.3
incomplete cord syndrome (preservation of some sensation or motor function: includes lateral cord [Brown-Sequard] syndromes)	
NFS	73206.4
with no fracture or dislocation	73207.4
with fracture	73208.4
with dislocation	73209.4
with fracture and dislocation	73210.4
complete cord syndrome (paraplegia with no sensation)	
NFS	73211.5
with no fracture or dislocation	73212.5
with fracture	73213.5
with dislocation	73214.5
with fracture and dislocation	73215.5
Cord Laceration	
NFS	73301.5
Incomplete (preservation of some sensation or motor function)	
NFS	73302.5
with no fracture or dislocation	73303.5
with fracture	73304.5
with dislocation	73305.5
with fracture and dislocation	73306.5
complete cord syndrome (paraplegia with no sensation)	
NFS	73307.5
with no fracture or dislocation	73308.5
with fracture	73309.5
with dislocation	73310.5
with fracture and dislocation	73311.5

INJURY DESCRIPTION	CODE
Disc Herniation with nerve root damage (radiculopathy): equivalent to ruptured disc	73401.3
Dislocation (subluxation) without cord contusion or laceration	
NFS	73501.2
spinous process	73502.2
transverse process	73503.2
facet	73504.3
lamina	73505.3
pedicle	73506.3
vertebral body	73507.3
Fracture without cord contusion or laceration	
NFS	73601.2
spinous process	73602.2
transverse process	73603.3
facet	73604.3
lamina	73605.3
pedicle	73606.3
vertebral body	
NFS	73607.2
minor compression (\leq 20% loss of anterior height)	73608.2
major compression ($>$ 20% loss of height)	73609.3
multiple, adjacent minor compression fracture	73610.3
Nerve Root	
NFS	73701.2
laceration	73702.2
avulsion (rupture)	73703.2

LUMBAR SPINE

INJURY DESCRIPTION	CODE
Strain, Acute (no fracture or dislocation)	76101.1
Cauda Equina Contusion	
NFS	76201.3
with transient neurological signs	
with no fracture or dislocation	76202.3
with fracture	76203.3
with dislocation	76204.3
with fracture and dislocation	76205.3
incomplete cauda equina syndrome	
NFS	76206.4
with no fracture or dislocation	76207.4
with fracture	76208.4
with dislocation	76209.4
with fracture and dislocation	76210.4
complete cauda equina syndrome	
NFS	76211.5
with no fracture or dislocation	76212.5
with fracture	76213.5
with dislocation	76214.5
with fracture and dislocation	76215.5
Cord Contusion (includes compression documented by xray, CT scan, myelogram, or autopsy)	
NFS	76301.3
with transient neurological signs	
with no fracture of dislocation	76302.3
with fracture	76303.3
with dislocation	76304.3
with fracture and dislocation	76305.3
incomplete cord syndrome (preservation of some sensation or motor function: includes lateral cord [Brown-Sequard] syndromes)	
NFS	76306.4
with no fracture or dislocation	76307.4
with fracture	76308.4
with dislocation	76309.4
with fracture and dislocation	76310.4
complete cord syndrome (paraplegia with no sensation)	
NFS	76311.5
with no fracture or dislocation	76312.5
with fracture	76313.5

INJURY DESCRIPTION	CODE
with dislocation	76314.5
with fracture and dislocation	76315.5
Cord Laceration (includes Transection and Crush)	
NFS	76401.5
incomplete (preservation of some sensation or motor function)	
NFS	76402.5
with no fracture or dislocation	76403.5
with fracture	76404.5
with dislocation	76405.5
with fracture and dislocation	76406.5
complete cord syndrome (paraplegia with no sensation)	
NFS	76407.5
with no fracture or dislocation	76408.5
with fracture	76409.5
with dislocation	76410.5
with fracture and dislocation	76411.5
Disc Herniation with nerve root damage (radiculopathy): equivalent to ruptured disc	76501.3
Dislocation (subluxation) without cord contusion or laceration	
NFS	76601.2
spinous process	76602.2
transverse process	76603.2
facet	76604.3
lamina	76605.3
pedicle	76606.3
vertebral body	76607.3
Fracture without cord contusion or laceration	
NFS	76701.2
spinous process	76702.2
transverse process	76703.2
facet	76704.3
lamina	76705.3
pedicle	76706.3
Vertebral body	
NFS	76707.2
minor compression (\leq 20% loss of anterior height)	76708.2
major compression ($>$ 20% loss of height)	76709.3
multiple, adjacent minor compression fractures	76710.3
Nerve Root, Trunk or sacral plexus	
NFS	76801.2
laceration	76802.2
avulsion (rupture)	76803.2

UPPER EXTREMITY

INJURY DESCRIPTION	CODE
WHOLE AREA	
Traumatic amputation at any point of extremity except finger	80101.3
Crush	80102.3
Skin [see EXTERNAL]	
<i>Penetrating injury</i>	
<i>unspecified</i>	80103.1
<i>simple. no involvement of bone or internal structures</i>	80104.2
<i>complex with tissue loss/bone/internal structure involvement</i>	80105.3
VESSELS	
<i>Axillary artery</i>	
NFS	80201.2
<i>intimal tear. no disruption</i>	80202.2
<i>laceration</i>	
NFS	80203.2
<i>minor^m (superficial)</i>	80204.2
<i>majorⁿ</i>	80205.3
<i>with segmental loss</i>	80206.4
<i>with thrombosis secondary to trauma</i>	80207.3
<i>puncture</i>	
NFS	80208.2
<i>minor^m (superficial)</i>	80209.2
<i>majorⁿ</i>	80210.3
<i>with segmental loss</i>	80211.4
<i>with thrombosis secondary to trauma</i>	80212.3
<i>thrombosis secondary to trauma</i>	80213.3
<i>Axillary vein</i>	
NFS	80301.2
<i>laceration</i>	
NFS	80302.2
<i>minor^m (superficial)</i>	80303.2
<i>majorⁿ</i>	80304.3
<i>with segmental loss</i>	80305.3
<i>with thrombosis secondary to trauma</i>	80306.3

^m Minor (superficial) = subtotal transection without major bleeding.

ⁿ Major (rupture, transection) = major bleeding (approx. 1000cc blood loss).

INJURY DESCRIPTION	CODE
<i>puncture</i>	
<i>NFS</i>	80307.2
<i>minor^m (superficial)</i>	80308.2
<i>majorⁿ</i>	80309.3
<i>with segmental loss</i>	80310.3
<i>with thrombosis secondary to trauma</i>	80311.3
<i>Brachial artery</i>	
<i>NFS</i>	80401.2
<i>intimal tear. no disruption</i>	80402.2
<i>laceration</i>	
<i>NFS</i>	80403.3
<i>minor^m (superficial)</i>	80404.2
<i>majorⁿ</i>	80405.4
<i>with segmental loss</i>	80406.4
<i>with thrombosis secondary to trauma</i>	80407.3
<i>puncture</i>	
<i>NFS</i>	80408.2
<i>minor^m (superficial)</i>	80409.2
<i>majorⁿ</i>	80410.3
<i>with segmental loss</i>	80411.4
<i>with thrombosis secondary to trauma</i>	80412.3
<i>thrombosis secondary to trauma</i>	80413.3
<i>Brachial vein</i>	
<i>NFS</i>	80501.1
<i>laceration</i>	
<i>NFS</i>	80502.1
<i>minor^m (superficial) with or without thrombosis</i>	80503.1
<i>majorⁿ</i>	80504.2
<i>with segmental loss</i>	80505.2
<i>puncture</i>	
<i>NFS</i>	80506.1
<i>minor^m (superficial) with or without thrombosis</i>	80507.1
<i>majorⁿ</i>	80508.2
<i>with segmental loss</i>	80509.2

^m Minor (superficial) = subtotal transection without major bleeding.

ⁿ Major (rupture, transection) = major bleeding (approx. 1000cc blood loss).

INJURY DESCRIPTION	CODE
<i>Other named arteries (e.g., distal to elbow or small arteries of extremities)</i>	
NFS	80601.1
intimal tear. no disruption	80602.1
laceration	
NFS	80603.1
minor ^m (superficial)	80604.1
major ⁿ	80605.2
with segmental loss	80606.2
with thrombosis is secondary to trauma	80607.2
puncture	
NFS	80608.1
minor ^m (superficial)	80609.1
major ⁿ	80610.2
with segmental loss	80611.2
with thrombosis secondary to trauma	80612.2
thrombosis secondary to trauma	80613.2
<i>Other named veins (e.g., distal to elbow or small veins of extremities)</i>	
NFS	80701.1
laceration	
NFS	80702.1
minor ^m (superficial)	80703.1
major ⁿ	80704.2
with segmental loss	80705.2
puncture	
NFS	80706.1
minor ^m (superficial)	80707.1
major ⁿ	80708.2
with segmental loss	80709.2
NERVES	
Brachial plexus [see SPINE]	
Median, radial, ulnar nerve laceration	80801.2
> one nerve laceration in same extremity	80802.3

^m Minor (superficial) = subtotal transection without major bleeding.

ⁿ Major (rupture, transection) = major bleeding (approx. 1000cc blood loss).

INJURY DESCRIPTION	CODE
MUSCLE – TENDONS – LIGAMENTS	
Biceps laceration (rupture, tear)	80901.2
with tissue loss (complex)	80902.3
Tendon laceration (rupture, tear)	81001.2
> one tendon in same extremity	81102.3
Major muscle laceration (rupture, tear, avulsion)	81201.2
Major joint capsule laceration (avulsion)	81301.2
SKELETAL – JOINTS	
Acromioclavicular joint	
NFS	81401.1
contusion	81402.1
crush	81403.3
dislocation (separation)	81404.2
laceration into joint	81405.2
sprain	81406.1
Elbow	
NFS	81501.1
contusion	81502.1
crush	81503.3
dislocation into radial head	81504.2
laceration into joint NFS	81505.2
with ligament involvement	81506.2
with ≥ 2 nerve lacerations	81507.3
sprain	81508.1
<i>Interphalangeal dislocation</i>	81601.1
<i>Carpal – Metacarpal or Metacarpal – Phalangeal dislocation</i>	81701.2
Shoulder (glenohumeral joint)	
NFS	81801.1
contusion	81802.1
crush	81803.3
dislocation	81804.2
laceration into joint	81805.2
sprain	81806.1
Sternoclavicular joint	
NFS	81901.1
contusion	81902.1
sprain	81903.1

INJURY DESCRIPTION	CODE
dislocation	81904.2
laceration into joint	81905.2
crush	81906.3
Wrist (carpus)	
<i>NFS</i>	82001.1
contusion	82002.1
sprain	82003.1
laceration into joint	82004.2
dislocation at radiocarpal, intercarpal or pericarpal articulations	82005.3
crush	82006.3
SKELETAL – BONES	
Arm – Forearm – Hand fracture, <i>NFS</i>	82101.2
Carpal or Metacarpal fracture	82102.2
Finger	
<i>NFS</i>	82201.1
fracture	82202.1
crush	82203.2
amputation	82204.2
Radius fracture with or without styloid process including Colles	
<i>NFS</i>	82301.2
closed	82302.2
open/displaced/comminuted/radial nerve involvement	82303.3
Ulna fracture	
<i>NFS</i>	82401.2
closed	82402.2
open/displaced/comminuted/ulnar nerve involvement	82403.3
Humerus fracture (any part of bone)	
<i>NFS</i>	82501.2
closed	82502.2
open/displaced/comminuted/radial nerve involvement	82503.3
Clavicle fracture	82601.2
Acromion fracture	82701.2
Scapula fracture	82801.2

LOWER EXTREMITY

INJURY DESCRIPTION	CODE
WHOLE AREA	
Traumatic amputation (partial or complete)	
below knee: entire foot: calcaneus	90101.3
above knee	90102.4
Crush	
below knee: entire foot: calcaneus	90103.3
above knee	90104.4
Skin [see EXTERNAL]	
<i>Penetrating injury</i>	
NFS	90105.1
<i>simple, no involvement of bone or internal structures</i>	90106.1
<i>complex with tissue loss/bone internal structure involvement</i>	90701.3
VESSELS	
<i>Femoral artery</i>	
NFS	90201.3
<i>intimal tear, no disruption</i>	90202.3
<i>laceration</i>	
NFS	90203.3
<i>minor^m (superficial)</i>	90204.3
<i>majorⁿ</i>	90205.4
<i>with segmental loss</i>	90206.5
<i>with thrombosis secondary to trauma</i>	90207.3
<i>puncture</i>	
NFS	90208.3
<i>minor^m (superficial)</i>	90209.3
<i>majorⁿ</i>	90210.4
<i>with segmental loss</i>	90211.5
<i>with thrombosis secondary to trauma</i>	90212.3
<i>thrombosis secondary to trauma</i>	90213.3
<i>Femoral vein</i>	
NFS	90301.2
<i>laceration</i>	
NFS	90302.2
<i>minor^m (superficial)</i>	90303.2

^m Minor (superficial) = subtotal transection without major bleeding.

ⁿ Major (rupture, transection) = major bleeding (approx. 1000cc blood loss).

INJURY DESCRIPTION	CODE
<i>majorⁿ</i>	90304.3
<i>with segmental loss</i>	90305.3
<i>puncture</i>	
<i>NFS</i>	90306.2
<i>minorm (superficial)</i>	90307.2
<i>majorn</i>	90308.3
<i>with segmental loss</i>	90309.3
<i>Popliteal artery</i>	
<i>NFS</i>	90401.2
<i>intimal tear. no disruption</i>	90402.2
<i>laceration</i>	
<i>NFS</i>	90403.2
<i>minor^m (superficial)</i>	90404.2
<i>majorⁿ</i>	90405.3
<i>with segmental loss</i>	90406.4
<i>with thrombosis secondary to trauma</i>	90407.3
<i>puncture</i>	
<i>NFS</i>	90408.2
<i>minor^m (superficial)</i>	90409.2
<i>majorⁿ</i>	90410.3
<i>with segmental loss</i>	90411.4
<i>with thrombosis secondary to trauma</i>	90412.3
<i>thrombosis secondary to trauma</i>	90413.3
<i>Popliteal vein</i>	
<i>NFS</i>	90501.2
<i>laceration</i>	
<i>NFS</i>	90502.2
<i>minor^m (superficial)</i>	90503.2
<i>majorⁿ</i>	90504.3
<i>with segmental loss</i>	90505.3
<i>puncture</i>	
<i>NFS</i>	90506.2
<i>minor^m (superficial)</i>	90507.2
<i>majorⁿ</i>	90508.3
<i>with segmental loss</i>	90509.3

^m Minor (superficial) = subtotal transection without major bleeding.

ⁿ Major (rupture, transection) = major bleeding (approx. 1000cc blood loss).

INJURY DESCRIPTION	CODE
<i>Other named arteries (e.g., distal to knee or small lower extremity arteries)</i>	
NFS	90601.1
intimal tear. no disruption	90602.1
laceration	
NFS	90603.1
minor ^m (superficial)	90604.1
major ⁿ	90605.2
with segmental loss	90606.2
with thrombosis secondary to trauma	90607.2
puncture	
NFS	90608.1
minor ^m (superficial)	90609.1
major ⁿ	90610.2
with segmental loss	90611.2
with thrombosis secondary to trauma	90612.2
thrombosis secondary to trauma	90613.2
<i>Other named veins (e.g., distal to knee or small lower extremity veins)</i>	
NFS	90701.1
laceration	
NFS with or without thrombosis	90702.1
minor ^m (superficial) with or without thrombosis	90703.1
major ⁿ	90704.2
with segmental loss	90705.2
puncture	
NFS with or without thrombosis	90706.1
minor ^m (superficial) with or without thrombosis	90707.1
major ⁿ	90708.2
with segmental loss	90709.2
NERVES	
Sciatic nerve laceration	90801.3
Femoral, tibial, peroneal nerve laceration	90901.2
≥ 2 lacerations in same extremity	90902.3
MUSCLE – TENDONS – LIGAMENTS	
Achilles tendon laceration (rupture, tear) with or without collateral ligaments involvement	91001.2

^m Minor (superficial) = subtotal transection without major bleeding.

ⁿ Major (rupture, transection) = major bleeding (approx. 1000cc blood loss).

INJURY DESCRIPTION	CODE
Collateral or cruciate ligament laceration (rupture, tear, avulsion)	
ankle	91101.2
knee	91102.3
Major muscle laceration (rupture, tear, avulsion)	91201.2
Major tendon laceration (rupture, tear)	91301.2
multiple tendons	91302.3
Patellar tendon laceration (rupture, tear)	91401.2
total transection	91402.3
SKELETAL – JOINTS	
Foot joint not further specified	
NFS	91501.1
sprain	91502.1
dislocation	91503.1
Subtalar, transtarsal, transmetatarsal	
NFS	91601.1
sprain	91602.1
dislocation	91603.1
Ankle	
NFS	91701.1
contusion	91702.1
sprain	91703.1
laceration into joint	91704.2
dislocation	91705.3
crush	91706.3
Knee	
NFS	91801.1
contusion	91802.1
sprain	91803.2
laceration into joint	91804.2
dislocation	91805.3
crush	91806.3
Hip	
Sprain	91901.1
dislocation with or without fracture of acetabulum, femoral head, neck or intertrochanteric	91902.3

INJURY DESCRIPTION	CODE
SKELETAL – BONES	
Foot fracture NFS	92001.2
Metatarsal, Tatar or Tarsal fracture	92101.2
Calcaneus fracture	92201.2
Toe	
NFS	92301.1
fracture	92302.1
crush	92303.2
amputation	92304.2
Tibia fracture of shaft, malleolus, plateau, condyles	
NFS	92401.1
closed	92402.2
open/displaced/comminuted	92403.3
Fibula	
contusion	92501.1
peroneal nerve involvement	92502.2
fracture of head, neck, shaft, lateral malleolus. <i>bimalleolar or trimalleolar</i>	
NFS	92503.2
closed	92504.2
open/displaced/comminuted/peroneal/tibial nerve involvement	92505.3
Femur fracture of condyle, head, neck, shaft with or without sciatic nerve involvement	92601.3
Patella fracture	92701.2
Pelvis	
fracture with or without dislocation of any one or combination: acetabulum, ilium, ischium, coccyx, sacrum, pubic ramus. <i>Simple closed fractures of superior and inferior, right or left, pubic rami are not coded as comminuted fractures, but as closed fracture.</i>	
NFS	92801.2
Closed	92802.2
open/displaced/comminuted	92803.3
crush (<i>substantial deformation with associated vascular disruption</i>)	
NFS	92901.4
closed	92902.4
open	92903.5
Sacroiliac fracture with or without dislocation	93001.3
Symphysis pubic separation (fracture)	93101.3

ABBREVIATED INJURY SCALE
1985 REVISION



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