

**DEPARTMENT OF HEALTH SERVICES
PUBLIC HEALTH SERVICES
BUREAU OF EMERGENCY MEDICAL SERVICES
SP-097-PHS-EMS**

INTERNATIONAL CLASSIFICATION OF DISEASES CODES FOR TRAUMA CENTERS

This substantive policy statement is advisory only. A substantive policy statement does not include internal procedural documents that only affect the internal procedures of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the Arizona Administrative Procedure Act. If you believe that this substantive policy statement does impose additional requirements or penalties on regulated parties, you may petition the agency under Arizona Revised Statutes Section 41-1033 for a review of the statement.

The purpose of this substantive policy statement is to provide the public with clarification of the Arizona Department of Health Services' (Department's) policy regarding the submission of data for trauma patients required under Arizona Revised Statutes (A.R.S.) § 36-2221.

Trauma patients may be classified as such based on certain International Classification of Diseases (ICD) codes used by a trauma center for billing purposes. Until October 1, 2015, health care providers, including trauma centers, must use a version of these codes, the ICD-9-CM codes, when billing for Medicare or Medicaid reimbursement. The Centers for Medicare and Medicaid is requiring that health care providers transition to using a new set of codes, the ICD-10-CM codes, for billing and will only accept ICD-10-CM codes as of October 1, 2015.

A.R.S. § 36-2221 requires trauma centers to report data on trauma patients to the Department. The current rules in Arizona Administrative Code (A.A.C.) Title 9, Chapter 25, Article 14, specify data submission requirements for trauma patients and use ICD-9-CM codes to specify which patients are considered trauma patients.

According to A.A.C. R9-25-1402(A), an owner of a trauma center shall ensure that a specific data set is submitted to the Department for each patient who meets certain criteria. According to A.A.C. R9-25-1402(A)(3), the criteria include:

3. A patient with injury who is admitted as a result of the injury or who dies as a result of the injury, who has an ICD-9-CM N-code within categories 800 through 959, and who does not only have:
 - a. Late effects of injury or another external cause, as demonstrated by an ICD-9-CM N-code within categories 905 through 909;
 - b. A superficial injury or contusion, as demonstrated by an ICD-9-CM N-code within categories 910 through 924;
 - c. Effects of a foreign body entering through an orifice, as demonstrated by an ICD-9-CM N-code within categories 930 through 939;
 - d. An isolated femoral neck fracture from a same-level fall, as demonstrated by:
 - i. An ICD-9-CM N-code within category 820; and
 - ii. An ICD-9-CM E-code within category E885 or E886;
 - e. An isolated distal extremity fracture from a same-level fall, as demonstrated by:
 - i. An ICD-9-CM N-code within categories 813 through 817 or within categories 823 through 826; and
 - ii. An ICD-9-CM E-code within category E885 or E886;

- f. An isolated burn, as demonstrated by an ICD-9-CM N-code within categories 940 through 949.

To enable a trauma center to comply with A.R.S. § 36-2221, without requiring the trauma center to maintain two sets of billing codes for a patient, the Department will accept data sets for trauma patients based on ICD-10-CM codes, rather than ICD-9-CM codes, according to the following as of October 1, 2015. In addition, the Department expects the data sets to include ICD-9-CM codes for patients discharged before October 1, 2015, but ICD-10-CM codes for patients discharged on or after October 1, 2015.

ICD-9-CM to ICD-10-CM Cross-Walk for Trauma Patients

Included ICD-9-CM N-code categories	Corresponding ICD-10-CM code
800 through 959	S00 through S99 with 7th character modifiers of A, B, or C ONLY. (Injuries to specific body parts –initial encounter) T07 (Unspecified multiple injuries) T14 (Injury of unspecified body region) T20 through T28 with 7th character modifier of A ONLY (Burns by specific body parts – initial encounter) T30 through T32 (Burn by TBSA percentages) T79.A1 through T79.A9 with 7th character modifier of A ONLY (Traumatic Compartment Syndrome –initial encounter)
Excluded ICD-9-CM N-code categories	Corresponding ICD-10-CM code
813 through 817 with E885 or E886 (Isolated distal extremity fracture from a same-level fall)	S52.XXXX or S62.XXXX with any one of V00.111X, V00.112X, V00.118X, V00.121X, V00.122X, V00.128X, V00.131X, V00.132X, V00.138X, V00.141X, V00.142X, V00.148X, V00.151X, V00.152X, V00.158X, V00.181X, V00.182X, V00.188X, V00.211X, V00.212X, V00.218X, V00.221X, V00.222X, V00.228X, V00.281X, V00.282X, V00.288X, V00.311X, V00.312X, V00.318X, V00.321X, V00.322X, V00.328X, V00.381X, V00.382X V00.388X, W00.0XX, W00.9XX, W01.0XX, W03.XXX, W18.2XX, W18.40X, W18.41X, W18.42X, W18.43X, W18.49XX (Isolated distal extremity fracture from a same-level fall)
820 with E885 or E886 (Isolated femoral neck fracture from a same-level fall)	S72.0XXX through S72.2XXX with any one of V00.111X, V00.112X, V00.118X, V00.121X, V00.122X, V00.128X, V00.131X, V00.132X, V00.138X, V00.141X, V00.142X, V00.148X, V00.151X, V00.152X, V00.158X, V00.181X, V00.182X, V00.188X, V00.211X, V00.212X, V00.218X, V00.221X, V00.222X, V00.228X, V00.281X, V00.282X, V00.288X, V00.311X, V00.312X, V00.318X, V00.321X, V00.322X, V00.328X, V00.381X, V00.382X V00.388X, W00.0XX, W00.9XX, W01.0XX, W03.XXX, W18.2XX, W18.40X, W18.41X, W18.42X, W18.43X, W18.49XX (Isolated femoral neck fracture from a same-level fall)

823 through 826 with E885 or E886 (Isolated distal extremity fracture from a same-level fall)	S82.1XXX through S82.899X or S89.0XXX through S89.399X or S92 with any one of V00.111X, V00.112X, V00.118X, V00.121X, V00.122X, V00.128X, V00.131X, V00.132X, V00.138X, V00.141X, V00.142X, V00.148X, V00.151X, V00.152X, V00.158X, V00.181X, V00.182X, V00.188X, V00.211X, V00.212X, V00.218X, V00.221X, V00.222X, V00.228X, V00.281X, V00.282X, V00.288X, V00.311X, V00.312X, V00.318X, V00.321X, V00.322X, V00.328X, V00.381X, V00.382X, V00.388X, W00.0XX, W00.9XX, W01.0XX, W03.XXX, W18.2XX, W18.40X, W18.41X, W18.42X, W18.43X, W18.49XX (Isolated distal extremity fracture from a same-level fall)
905 through 909 (Late effects of injury or another external cause)	S00 through S99 (Injuries to specific body parts) with the 7th digit modifier code of D through S T20 through T28 (Burns by specific body parts) with 7th character modifier of D through S T79.A1 through T79.A9 (Traumatic Compartment Syndrome) with 7th character modifier of D through S (Late effects of injury or another external cause)
910 through 924 (Superficial injury or contusion)	S00, S10, S20, S30, S40, S50, S60, S70, S80 or S90 (Superficial injury or contusion)
930 through 939 (Foreign body entering through an orifice)	T15 through T19 (Foreign body entering through an orifice)
940 through 949 (Isolated burn)	T20 through T32 (Isolated burn)

Table 1 Entries

ICD-9-CM codes	Corresponding ICD-10-CM code description
Injury Location ICD-9-CM E-code (E849)	Injury Location ICD-10-CM Place of Occurrence External Cause Code (Y92)
Primary ICD-9-CM E-code Injury Descriptor	Primary ICD-10-CM External Cause Code Injury Descriptor
Additional ICD-9-CM E-code Injury Descriptor	Additional ICD-10-CM External Cause Code Injury Descriptor
Injury Diagnoses – ICD-9-CM N-codes	Injury Diagnoses - ICD-10-CM Codes
ED/Hospital ICD-9-CM Procedure Codes	ED/Hospital ICD-10-CM Procedure Codes

Effective May 1, 2015
Arizona Department of Health Services
Division of Public Health Services
Bureau of Emergency Medical Services and Trauma System
150 North 18th Avenue, Suite 540
Phoenix, AZ 85007