CODEX
CODING DECODED

Chapter 19: INJURY & POISONING

Injury, Poisoning & Certain Other Consequences of External Causes

ICD-10-CM Official Guidelines (S00–T88) — Quick Student Reference

CODING DECODED

1. Application of 7th Characters

Most Chapter 19 categories require a 7th character. Most use three values — A, D, S; fracture categories have extra values. The character is assigned based on whether the patient is in active treatment, not whether the provider is new.

Character	Meaning	Use When
A	Initial encounter	Patient is receiving active treatment for the condition (surgical care, ED visit, evaluation by a new provider for active treatment).
D	Subsequent encounter	Active treatment is complete; patient is receiving routine care during healing/recovery.
S	Sequela (late effect)	Coding a complication/condition that arose from an earlier injury (e.g., a scar after a burn).

Key Rules

- Aftercare Z codes are NOT used for injuries/poisonings — assign the acute code with 7th character “D” instead.
- For “S”, use both the injury code (with “S”) and the sequela code — sequela is sequenced first, injury code second.
- Example: T84.50XA (infection of joint prosthesis, initial encounter) is used while treating the infection — even though the device was placed earlier.

2. Coding of Injuries

- Assign a separate code for each injury unless a combination code exists.
- Sequence the most serious injury (per provider documentation/treatment focus) first.
- Unspecified multiple injury codes (T07) — avoid in inpatient setting unless no more specific code is available.
- Traumatic injury codes (S00–T14.9) are never used for normal healing surgical wounds or their complications.

Superficial Injuries

Not coded when they occur with a more severe injury at the same site (e.g., skip the abrasion code if there’s also a fracture there).

Nerve / Blood Vessel Damage

Primary injury is sequenced first, with an added code for nerve (S04) or vessel (S15) injury — unless the primary injury IS to the nerve/vessel, in which case that is sequenced first.

Iatrogenic Injuries

Chapter 19 injury codes are not used for injuries caused by a medical intervention — assign the appropriate complication code instead.

3. Coding of Traumatic Fractures

- Code fractures individually by site; a fracture not specified as open/closed defaults to closed, and not specified as displaced/not displaced defaults to displaced.

Initial vs. Subsequent Encounter

- 7th character A/B/C: patient is in active treatment (also used if treatment was delayed).
- 7th character for subsequent care: healing/recovery, routine care.
- Complications during surgical repair/healing → use the appropriate complication code, not a fracture 7th character.
- Malunion → 7th character P, Q, or R. Nonunion → 7th character K, M, or N.
- Open fracture, Gustilo type not specified → default to Type I/II 7th character (B, E, H, M, Q).

Osteoporosis exception: A fragility fracture in a patient with known osteoporosis is coded to category M80, not as a traumatic fracture — even after a minor fall (See Section I.C.13.).

Multiple Fractures & Physeal Fractures

- Multiple fractures are sequenced by severity.
- Physeal fractures: code only the physeal fracture type — do not add a separate code for the specific bone.

4. Coding of Burns & Corrosions

Burns = thermal (fire, hot objects, electricity, radiation); Corrosions = chemical. The same coding guidelines apply to both. Current burns (T20–T25) are classified by depth (1° erythema, 2° blistering, 3° full-thickness), extent, and agent. Burns of the eye/internal organs (T26–T28) are classified by site only, not degree.

Sequencing & Same-Site Rules

- Sequence the code for the highest degree of burn first when multiple burns are present.
- Circumstances of admission govern principal diagnosis when internal + external burns, or burns with smoke inhalation/respiratory failure, coexist.
- Same site, same side, different degrees → code only the highest degree (e.g., 2° + 3° right thigh burns → T24.311-only).

Non-Healing, Infected & Multiple-Site Burns

- Non-healing burns (and necrosis of burned skin) are coded as acute burns.
- Infected burn → add a code for the infection.
- Assign a separate code per burn site; avoid T30 (unspecified) and "multiple sites" codes unless documentation doesn't specify individual sites.

Extent of Body Surface — Rule of Nines (T31/T32)

Used as an additional code when site isn't specified, for burn-unit data, or when a 3rd-degree burn covers ≥20% of body surface. Not used for sequelae.

Body Region	% Surface	Body Region	% Surface
Head & neck	9%	Each leg	18%
Each arm	9%	Anterior trunk	18%
Genitalia	1%	Posterior trunk	18%

Providers may adjust these percentages for infants/children (proportionally larger heads) and patients with large buttocks, thighs, or abdomen.

Sequelae & External Cause

- Late effects of burns (scars, contractures) → burn/corrosion code with 7th character "S."
- A current burn (A/D) and a sequela code (S) may both appear on the same record — burns heal at different rates.
- Always add an external cause code identifying the source, intent, and place of the burn/corrosion.

5. Adverse Effects, Poisoning, Underdosing & Toxic Effects

Codes T36–T65 are combination codes that already include the substance and intent — no separate external cause code is needed.

Condition	Definition	Coding Sequence
Adverse Effect	Drug correctly prescribed & properly administered	1) Nature-of-effect code, then 2) T36–T50 code (5th/6th char "5")
Poisoning	Improper use of a drug (overdose, wrong drug/route, error)	1) T36–T50 (identifies intent), 2) all manifestations, 3) abuse/dependence if documented
Underdosing	Taking less medication than prescribed, or self-discontinuing	1) Condition caused by underdosing, 2) T36–T50 (6th char "6"), 3) noncompliance/complication code if intent known

Condition	Definition	Coding Sequence
Toxic Effect	Harmful substance ingested or contacted	T51–T65 code (intent included) + all manifestation codes

General Rules

- Never code directly from the Table of Drugs and Chemicals — always verify in the Tabular List.
- Use as many codes as needed to fully describe every substance involved.
- Same code describing the agent for more than one reaction/effect → assign it only once.
- 2+ drugs taken → code each individually unless a combination code exists; multiple unspecified drugs → use T50.91.

Poisoning — Intent & Examples

Intent (5th/6th character): accidental, intentional self-harm, assault, or undetermined. Unknown/unspecified intent defaults to accidental; "undetermined" is used only when documentation says intent cannot be determined. Add a code for abuse/dependence if documented.

- Prescription or administration error by provider, nurse, or patient.
- Intentional overdose of a drug.
- A non-prescribed drug taken together with a correctly prescribed drug, causing toxicity.
- Reaction from a drug interacting with alcohol.

Underdosing — Special Notes

- No documented condition change is required to assign an underdosing code — documentation of taking less/discontinuing is enough.
- Never assign underdosing codes as principal/first-listed; if a relapse/exacerbation occurs, code the medical condition itself.
- Add noncompliance (Z91.12–,.13–,.14–, Z91.A4–) or complication-of-care (Y63.6–Y63.9) codes to show intent, if known.

6. Adult & Child Abuse, Neglect & Maltreatment

- Confirmed abuse/neglect → sequence T74.– first. Suspected → sequence T76.– first. Follow with any mental-health or injury code(s).
- Confirmed cases: add an external cause code from the assault section (X92–Y09), and a perpetrator code (Y07) if known.
- Suspected cases: do NOT add an external cause or perpetrator code.

If ruled out: Use the matching Z04 encounter code instead of a T76 code — e.g., Z04.71/Z04.72 (physical abuse ruled out), Z04.41/Z04.42 (rape ruled out), Z04.81/Z04.82 (forced exploitation ruled out).

7. Complications of Care

Pain Due to Medical Devices

Code from the Chapter 19 T-code section for pain from a retained device/implant/graft, plus an additional G89.18 (acute) or G89.28 (chronic) code.

Transplant Complications

- Category T86 covers complications and rejection of transplanted organs/tissue — assign only if it affects the transplanted organ's function.
- Two codes required: the T86 category code + a secondary code identifying the specific complication.
- Pre-existing or new conditions are not "complications" unless they affect transplant function.
- Kidney transplant + CKD: use T86.1- only if a true complication (failure/rejection) is documented — CKD alone after transplant is not automatically coded as a complication. Query the provider if unclear.

Other Complication Coding Rules

- Some T codes already include the external cause/procedure type built in — no separate external cause code is needed for these.
- Complication codes that live within the body-system chapters are sequenced first, followed by a code for the specific complication, if applicable — use the Chapter 19 T code only when the complication isn't indexed elsewhere.