19. **Supplemental Classification of External Causes of Injury and Poisoning (E-codes, E800-E999)**

Introduction: These guidelines are provided for those who are currently collecting E codes in order that there will be standardization in the process. If your institution plans to begin collecting E codes, these guidelines are to be applied. The use of E codes is supplemental to the application of ICD-9-CM diagnosis codes.

External causes of injury and poisoning codes (categories E000 and E800-E999) are intended to provide data for injury research and evaluation of injury prevention strategies. **Activity codes (categories E001-E030) are intended to be used to describe the activity of a person seeking care for injuries as well as other health conditions, when the injury or other health condition resulted from an activity or the activity contributed to a condition.** E codes capture how the injury, poisoning, or adverse effect happened (cause), the intent (unintentional or accidental; or intentional, such as suicide or assault), the person’s status (e.g. civilian, military), the associated activity and the place where the event occurred.

Some major categories of E codes include:
- transport accidents
- poisoning and adverse effects of drugs, medicinal substances and biologicals
- accidental falls
- accidents caused by fire and flames
- accidents due to natural and environmental factors
- late effects of accidents, assaults or self injury
- assaults or purposely inflicted injury
- suicide or self inflicted injury

These guidelines apply for the coding and collection of E codes from records in hospitals, outpatient clinics, emergency departments, other ambulatory care settings and provider offices, and nonacute care settings, except when other specific guidelines apply.

a. **General E Code Coding Guidelines**

1) **Used with any code in the range of 001-V89**

An E code **from categories E800-E999** may be used with any code in the range of 001-V89, which indicates an injury, poisoning, or adverse effect due to an external cause.

An activity E code (categories E001-E030) may be used with any code in the range of 001-V89 that indicates an injury, or other health condition that resulted from an activity, or the activity contributed to a condition.
2) **Assign the appropriate E code for all initial treatments**

Assign the appropriate E code for the initial encounter of an injury, poisoning, or adverse effect of drugs, not for subsequent treatment.

External cause of injury codes (E-codes) may be assigned while the acute fracture codes are still applicable. 
*See Section I.C.17.b.1 for coding of acute fractures.*

3) **Use the full range of E codes**

Use the full range of E codes (E800 – E999) to completely describe the cause, the intent and the place of occurrence, if applicable, for all injuries, poisonings, and adverse effects of drugs.

*See a.1.), j.), and k.) in this section for information on the use of status and activity E codes.*

4) **Assign as many E codes as necessary**

Assign as many E codes as necessary to fully explain each cause.

5) **The selection of the appropriate E code**

The selection of the appropriate E code is guided by the Index to External Causes, which is located after the alphabetical index to diseases and by Inclusion and Exclusion notes in the Tabular List.

6) **E code can never be a principal diagnosis**

An E code can never be a principal (first listed) diagnosis.

7) **External cause code(s) with systemic inflammatory response syndrome (SIRS)**

An external cause code is not appropriate with a code from subcategory 995.9, unless the patient also has another condition for which an E code would be appropriate (such as an injury, poisoning, or adverse effect of drugs.

8) **Multiple Cause E Code Coding Guidelines**

More than one E-code is required to fully describe the external cause of an illness, injury or poisoning. The assignment of E-codes should be sequenced in the following priority:

If two or more events cause separate injuries, an E code should be assigned for each cause. The first listed E code will be selected in the following order:
E codes for child and adult abuse take priority over all other E codes.  
See Section I.C.19.e., Child and Adult abuse guidelines.

E codes for terrorism events take priority over all other E codes except child and adult abuse.

E codes for cataclysmic events take priority over all other E codes except child and adult abuse and terrorism.

E codes for transport accidents take priority over all other E codes except cataclysmic events, child and adult abuse and terrorism.

Activity and external cause status codes are assigned following all causal (intent) E codes.

The first-listed E code should correspond to the cause of the most serious diagnosis due to an assault, accident, or self-harm, following the order of hierarchy listed above.

9) If the reporting format limits the number of E codes

If the reporting format limits the number of E codes that can be used in reporting clinical data, report the code for the cause/intent most related to the principal diagnosis. If the format permits capture of additional E codes, the cause/intent, including medical misadventures, of the additional events should be reported rather than the codes for place, activity or external status.

b. Place of Occurrence Guideline

Use an additional code from category E849 to indicate the Place of Occurrence. The Place of Occurrence describes the place where the event occurred and not the patient’s activity at the time of the event.

Do not use E849.9 if the place of occurrence is not stated.

c. Adverse Effects of Drugs, Medicinal and Biological Substances Guidelines

1) Do not code directly from the Table of Drugs

Do not code directly from the Table of Drugs and Chemicals. Always refer back to the Tabular List.
2) **Use as many codes as necessary to describe**

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

   If the reporting format limits the number of E codes, and there are different fourth digit codes in the same three digit category, use the code for “Other specified” of that category of drugs, medicinal or biological substances. If there is no “Other specified” code in that category, use the appropriate “Unspecified” code in that category.

   If the reporting format limits the number of E codes, and the codes are in different three digit categories, assign the appropriate E code for other multiple drugs and medicinal substances.

3) **If the same E code would describe the causative agent**

   If the same E code would describe the causative agent for more than one adverse reaction, assign the code only once.

4) **If two or more drugs, medicinal or biological substances**

   If two or more drugs, medicinal or biological substances are reported, code each individually unless the combination code is listed in the Table of Drugs and Chemicals. In that case, assign the E code for the combination.

5) **When a reaction results from the interaction of a drug(s)**

   When a reaction results from the interaction of a drug(s) and alcohol, use poisoning codes and E codes for both.

6) **Codes from the E930-E949 series**

   Codes from the E930-E949 series must be used to identify the causative substance for an adverse effect of drug, medicinal and biological substances, correctly prescribed and properly administered. The effect, such as tachycardia, delirium, gastrointestinal hemorrhaging, vomiting, hypokalemia, hepatitis, renal failure, or respiratory failure, is coded and followed by the appropriate code from the E930-E949 series.

**d. Child and Adult Abuse Guideline**

1) **Intentional injury**

   When the cause of an injury or neglect is intentional child or adult abuse, the first listed E code should be assigned from
categories E960-E968, Homicide and injury purposely inflicted by other persons, (except category E967). An E code from category E967, Child and adult battering and other maltreatment, should be added as an additional code to identify the perpetrator, if known.

2) Accidental intent
In cases of neglect when the intent is determined to be accidental, E code E904.0, Abandonment or neglect of infant and helpless person, should be the first listed E code.

e. Unknown or Suspected Intent Guideline

1) If the intent (accident, self-harm, assault) of the cause of an injury or poisoning is unknown
If the intent (accident, self-harm, assault) of the cause of an injury or poisoning is unknown or unspecified, code the intent as undetermined E980-E989.

2) If the intent (accident, self-harm, assault) of the cause of an injury or poisoning is questionable
If the intent (accident, self-harm, assault) of the cause of an injury or poisoning is questionable, probable or suspected, code the intent as undetermined E980-E989.

f. Undetermined Cause
When the intent of an injury or poisoning is known, but the cause is unknown, use codes: E928.9, Unspecified accident, E958.9, Suicide and self-inflicted injury by unspecified means, and E968.9, Assault by unspecified means.

These E codes should rarely be used, as the documentation in the medical record, in both the inpatient outpatient and other settings, should normally provide sufficient detail to determine the cause of the injury.

g. Late Effects of External Cause Guidelines

1) Late effect E codes
Late effect E codes exist for injuries and poisonings but not for adverse effects of drugs, misadventures and surgical complications.

2) Late effect E codes (E929, E959, E969, E977, E989, or E999.1)
A late effect E code (E929, E959, E969, E977, E989, or E999.1) should be used with any report of a late effect or sequela resulting from a previous injury or poisoning (905-909).

3) **Late effect E code with a related current injury**
A late effect E code should never be used with a related current nature of injury code.

4) **Use of late effect E codes for subsequent visits**
Use a late effect E code for subsequent visits when a late effect of the initial injury or poisoning is being treated. There is no late effect E code for adverse effects of drugs. Do not use a late effect E code for subsequent visits for follow-up care (e.g., to assess healing, to receive rehabilitative therapy) of the injury or poisoning when no late effect of the injury has been documented.

h. **Misadventures and Complications of Care Guidelines**

1) **Code range E870-E876**
Assign a code in the range of E870-E876 if misadventures are stated by the provider. **When applying the E code guidelines pertaining to sequencing, these E codes are considered causal codes.**

2) **Code range E878-E879**
Assign a code in the range of E878-E879 if the provider attributes an abnormal reaction or later complication to a surgical or medical procedure, but does not mention misadventure at the time of the procedure as the cause of the reaction.

i. **Terrorism Guidelines**

1) **Cause of injury identified by the Federal Government (FBI) as terrorism**
When the cause of an injury is identified by the Federal Government (FBI) as terrorism, the first-listed E-code should be a code from category E979, Terrorism. The definition of terrorism employed by the FBI is found at the inclusion note at E979. The terrorism E-code is the only E-code that should be assigned. Additional E codes from the assault categories should not be assigned.
2) **Cause of an injury is suspected to be the result of terrorism**

When the cause of an injury is suspected to be the result of terrorism a code from category E979 should not be assigned. Assign a code in the range of E codes based circumstances on the documentation of intent and mechanism.

3) **Code E979.9, Terrorism, secondary effects**

Assign code E979.9, Terrorism, secondary effects, for conditions occurring subsequent to the terrorist event. This code should not be assigned for conditions that are due to the initial terrorist act.

4) **Statistical tabulation of terrorism codes**

For statistical purposes these codes will be tabulated within the category for assault, expanding the current category from E960-E969 to include E979 and E999.1.

j. **Activity Code Guidelines**

Assign a code from category E001-E030 to describe the activity that caused or contributed to the injury or other health condition.

Unlike other E codes, activity E codes may be assigned to indicate a health condition (not just injuries) resulted from an activity, or the activity contributed to the condition.

The activity codes are not applicable to poisonings, adverse effects, misadventures or late effects.

k. **External cause status**

A code from category E000, External cause status, should be assigned whenever any other E code is assigned for an encounter, including an Activity E code, except for the events noted below. Assign a code from category E000, External cause status, to indicate the work status of the person at the time the event occurred. The status code indicates whether the event occurred during military activity, whether a non-military person was at work, whether an individual including a student or volunteer was involved in a non-work activity at the time of the causal event.

A code from E000, External cause status, should be assigned, when applicable, with other external cause codes, such as transport accidents and falls. The external cause status codes
are not applicable to poisonings, adverse effects, misadventures or late effects.
Do not assign a code from category E000 if no other E codes (cause, activity) are applicable for the encounter.

Do not assign code E000.9, Unspecified external cause status, if the status is not stated.

Section II. Selection of Principal Diagnosis

The circumstances of inpatient admission always govern the selection of principal diagnosis. The principal diagnosis is defined in the Uniform Hospital Discharge Data Set (UHDDS) as “that condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care.”

The UHDDS definitions are used by hospitals to report inpatient data elements in a standardized manner. These data elements and their definitions can be found in the July 31, 1985, Federal Register (Vol. 50, No. 147), pp. 31038-40.

Since that time the application of the UHDDS definitions has been expanded to include all non-outpatient settings (acute care, short term, long term care and psychiatric hospitals; home health agencies; rehab facilities; nursing homes, etc).

In determining principal diagnosis the coding conventions in the ICD-9-CM, Volumes I and II take precedence over these official coding guidelines. (See Section I.A., Conventions for the ICD-9-CM)

The importance of consistent, complete documentation in the medical record cannot be overemphasized. Without such documentation the application of all coding guidelines is a difficult, if not impossible, task.

A. Codes for symptoms, signs, and ill-defined conditions
Codes for symptoms, signs, and ill-defined conditions from Chapter 16 are not to be used as principal diagnosis when a related definitive diagnosis has been established.

B. Two or more interrelated conditions, each potentially meeting the definition for principal diagnosis.
When there are two or more interrelated conditions (such as diseases in the same ICD-9-CM chapter or manifestations characteristically associated with a certain disease) potentially meeting the definition of principal diagnosis, either condition may be sequenced first, unless the circumstances of the admission, the therapy provided, the Tabular List, or the Alphabetic Index indicate otherwise.

C. Two or more diagnoses that equally meet the definition for principal diagnosis
In the unusual instance when two or more diagnoses equally meet the criteria for principal diagnosis as determined by the circumstances of admission, diagnostic