CHAPTER SPECIFIC CATEGORY CODE BLOCKS

- V00-X58 Accidents
- V00-V99 Transport accidents
- V00-V09 Pedestrian injured in transport accident
- V10-V19 Pedal cyclist injured in transport accident
- V20-V29 Motorcycle rider injured in transport accident
- V30-V39 Occupant of three-wheeled motor vehicle injured in transport accident
- V40-V49 Car occupant injured in transport accident
- V50-V59 Occupant of pick-up truck or van injured in transport accident
- V60-V69 Occupant of heavy transport vehicle injured in transport accident
CHAPTER SPECIFIC CATEGORY CODE BLOCKS (cont.)

- V70-V79 Bus occupant injured in transport accident
- V80-V89 Other land transport accidents
- V90-V94 Water transport accidents
- V95-V97 Air and space transport accidents
- V98-V99 Other and unspecified transport accidents
- W00-X58 Other external causes of accidental injury
- W00-W19 Slipping, tripping, stumbling and falls
- W20-W49 Exposure to inanimate mechanical forces
- W50-W64 Exposure to animate mechanical forces
CHAPTER SPECIFIC CATEGORY CODE BLOCKS (cont.)

- W65-W74 Accidental drowning and submersion
- W85-W99 Exposure to electric current, radiation and extreme ambient air temperature and pressure
- X00-X08 Exposure to smoke, fire and flames
- X10-X19 Contact with heat and hot substances
- X30-X39 Exposure to forces of nature
- X52, X58 Accidental exposure to other specified factors
- X71-X83 Intentional self-harm
- X92-Y08 Assault
- Y21-Y33 Event of undetermined intent
CHAPTER SPECIFIC CATEGORY CODE BLOCKS (cont.)

- Y35-Y38 Legal intervention, operations of war, military operations, and terrorism
- Y62-Y84 Complications of medical and surgical care
- Y62-Y69 Misadventures to patients during surgical and medical care
- Y70-Y82 Medical devices associated with adverse incidents in diagnostic and therapeutic use
- Y83-Y84 Surgical and other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
- Y90-Y99 Supplementary factors related to causes of morbidity classified elsewhere
CHAPTER NOTES

External causes of morbidity

- The external causes of morbidity codes should never be sequenced as the first-listed or principal diagnosis.

- External cause codes are intended to provide data for injury research and evaluation of injury prevention strategies.

- These codes capture how the injury or health condition happened (cause), the intent (unintentional or accidental; or intentional, such as suicide or assault), the place where the event occurred, the activity of the patient at the time of the event and the persons’ status (e.g., civilian, military).

- There is no national requirement for mandatory ICD-10-CM external cause code reporting.

- Unless a provider is subject to a state-based external cause code reporting mandate or these codes are required by a particular payer, reporting of ICD-10-CM codes in chapter 20, External Causes of Morbidity, is not required.
CHAPTER NOTES (cont.)

• In the absence of a mandatory reporting requirement, providers are encouraged to voluntarily report external cause codes, as they provide valuable data for injury research and evaluation of injury prevention strategies.

• This chapter permits the classification of environmental events and circumstances as the cause of injury and other adverse effects.

• Most often, the condition will be classifiable to Chapter 19, Injury, poisoning and certain other consequences of external causes (S00-T88).

• Other conditions that may be stated due to external causes are classified in Chapters 1-18. For these conditions, codes from Chapter 20 should be used to provide additional information as to the cause of the condition.
GENERAL EXTERNAL CAUSE CODING GUIDELINES
USED WITH ANY CODE IN THE RANGE OF A00.0-T88.9, Z00-Z99

• An external cause code may be used with any code in the range of A00.0-T88.9, Z00-Z99, classification that is a health condition due to an external cause.

• Though they are most applicable to injuries, they are also valid for use with such things as infections or diseases due to an external source, and other health conditions, such as a heart attack that occurs during strenuous physical activity.

EXTERNAL CAUSE CODE USED FOR LENGTH OF TREATMENT

• Assign the external cause code, with the appropriate 7th character (initial encounter, subsequent encounter or sequela) for each encounter for which the injury or condition is being treated.
USE THE FULL RANGE OF EXTERNAL CAUSE CODES

• Use the full range of external cause codes to completely describe the cause, the intent, the place of occurrence and if applicable, the activity of the patient at the time of the event, and the patients status, for all injuries and other health conditions due to an external cause.

ASSIGN AS MANY EXTERNAL CAUSE CODES AS NECESSARY

• Assign as many external cause codes as necessary to fully explain each cause.

• If only one external cause code can be recorded, assign the code most related to the principal diagnosis.
THE SELECTION OF THE APPROPRIATE EXTERNAL CAUSE CODE

• The selection of the appropriate external cause code is guided by the Alphabetic Index of External Causes and by Inclusion and Exclusion notes in the Tabular List.

EXTERNAL CAUSE CODE CAN NEVER BE A PRINCIPAL DIAGNOSIS

• An external cause code can never be a principal (first-listed) diagnosis.

• Where a code from this section is applicable, it is intended that it shall be used secondary to a code from another chapter of the classification indicating the nature of the condition.
COMBINATION EXTERNAL CAUSE CODES

- Certain of the external cause codes are combination codes that identify sequential events that result in an injury, such as a fall which results in striking against an object.

- The injury may be due to either event or both.

- The combination external cause code used to correspond to the sequence of events regardless of which caused the most serious injury.

NO EXTERNAL CAUSE CODE NEEDED IN CERTAIN CIRCUMSTANCES

- No external cause code from Chapter 20 is needed if the external cause and intent are included in a code from another chapter (e.g., T36.0X1-Poisoning by penicillin, accidental (unintentional)).
PLACE OF OCCURRENCE (Y92)
PLACE OF OCCURRENCE GUIDELINE

• Codes from category Y92, Place of occurrence of the external cause, are secondary codes for use after other external cause codes to identify the location of the patient at the time of the injury or other condition.

• A place of occurrence code is used only once, at the initial encounter for treatment.

• No 7th characters are used for Y92.

• Only one code from Y92 should be recorded on a medical record.

• It is to be used in conjunction with an activity code.

• Do not use place of occurrence code Y92.9 if the place is not stated or is not applicable.
Activity (Y93)
ACTIVITY CODE GUIDELINES

• Use with Y92 and Y99.

• Assign a code from category Y93, Activity code, to describe the activity of the patient at the time the injury or other health condition occurred.

• An activity is used only once, at the initial encounter for treatment.

• Only one code from Y93 should be recorded on a medical record.

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

• Do not assign code Y93.9, Unspecified activity, if the activity is not stated.

• A code from category Y93 is appropriate for use with external cause and intent codes if identifying the activity provides additional information about the event.
BROAD ACTIVITY CATEGORIES

• Y93.0 Activities involving walking and running

• Y93.1 Activities involving water and water craft

• Y93.2 Activities involving ice and snow

• Y93.3 Activities involving climbing, rappelling and jumping off

• Y93.4 Activities involving dancing and other rhythmic movement

• Y93.5 Activities involving other sports and athletics played individually

• Y93.6 Activities involving other sports and athletics played as a team or group
BROAD ACTIVITY CATEGORIES (cont.)

- Y93.7 Activities involving other specified sports and athletics
- Y93.A Activities involving other cardiorespiratory exercise
- Y93.B Activities involving other muscle strengthening exercises
- Y93.C Activities involving computer technology and electronic devices
- Y93.D Activities involving arts and handcrafts
- Y93.E Activities involving personal hygiene and interior property and clothing maintenance
- Y93.F Activities involving caregiving
BROAD ACTIVITY CATEGORIES (cont.)

- Y93.G Activities involving food preparation, cooking and grilling
- Y93.H Activities involving exterior property and land maintenance, building and construction
- Y93.I Activities involving roller coasters and other types of external motion
- Y93.J Activities involving playing musical instrument
- Y93.K Activities involving animal care
- Y93.8 Activities, other specified
- Y93.9 Activity, unspecified
PLACE OF OCCURRENCE, ACTIVITY AND STATUS CODES USED WITH OTHER EXTERNAL CAUSE CODES
PLACE OF OCCURRENCE, ACTIVITY AND STATUS CODES

• When applicable, place of occurrence, activity and external cause status codes are sequenced after the main external cause code(s).

• Regardless of the number of external cause codes assigned, there should be only one place of occurrence code, one activity code and one external cause status code assigned to an encounter.
MULTIPLE EXTERNAL CAUSE CODING GUIDELINES
MULTIPLE EXTERNAL CAUSE CODING

• More than one external cause code is required to fully describe the external cause of an illness or injury.

• If the reporting format limits the number of external cause 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 external cause codes, the cause/intent, including medical misadventures, of the additional events should be reported rather than the codes for place, activity or external status.

• Activity and external cause status codes are assigned following all causal (intent) external cause codes.
MULTIPLE EXTERNAL CAUSE CODING (cont.)

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

- If two or more events cause separate injuries, an external cause code should be assigned for each cause.

- The first-listed external cause code will be selected in the following order:
  - External cause codes for child and adult abuse take priority over all other external cause codes. See section I.C.19., Child and Adult abuse guidelines.
  - External cause codes for terrorism events take priority over all other external cause codes except child and adult abuse.
  - External cause codes for cataclysmic events take priority over all other external cause codes except child and adult abuse and terrorism.
  - External cause codes for transport accidents take priority over all other external cause codes except cataclysmic events, child and adult abuse and terrorism.
CHILD AND ADULT ABUSE GUIDELINE
CHILD AND ADULT ABUSE

• Adult and child abuse, neglect and maltreatment are classified as assault.

• Any of the assault codes may be used to indicate the external cause of any injury resulting from the confirmed abuse.

• For confirmed cases of abuse, neglect and maltreatment, when the perpetrator is known, a code from Y07, Perpetrator of maltreatment and neglect, should accompany any other assault codes.

See section I.C.19., Adult and child abuse, neglect and other maltreatment

• The correct code selection is determined by the relationship between the perpetrator and the victim.
UNKNOWN OR UNDETERMINED INTENT GUIDELINE
USE OF UNKNOWN INTENT

• If the intent (accident, self-harm, assault) of the cause of an injury or other condition is unknown or unspecified, code the intent as accidental intent.

• All transport accident categories assume accidental intent.

USE OF UDETERMINED INTENT

• External cause codes for events of undetermined intent are only for use if the documentation in the record specifies that the intent cannot be determined.
SEQUELAE (LATE EFFECTS) OF EXTERNAL CAUSE GUIDELINES
SEQUELAE OF EXTERNAL CAUSE

SEQUELA EXTERNAL CAUSE CODES

- Sequela are reported using the external cause code with the 7th character “S” for sequela.

- These codes should be used with any report of a late effect or sequela resulting from a previous injury.

SEQUELA EXTERNAL CAUSE CODES WITH A RELATED CURRENT INJURY

- A sequela external cause code should never be used with a related current nature of injury code.
USE OF SEQUELA EXTERNAL CAUSE CODES FOR SUBSEQUENT VISITS

• Use a late effect external cause code for subsequent visits when a late effect of the initial injury is being treated.

• Do not use a late effect external cause code for subsequent visits for follow-up care (e.g., to assess healing, to receive rehabilitative therapy) of the injury when no late effect of the injury has been documented.
CAUSE OF INJURY IDENTIFIED BY THE FEDERAL GOVERNMENT (FBI) AS TERRORISM

- When the cause of the injury is identified by the Federal Government (FBI) as terrorism, the first-listed external cause code should be a code from category Y38, Terrorism.

- The definition of terrorism employed by the FBI is found at the inclusion note at the beginning of category Y38.

- Use additional code for place of occurrence (Y92.-).

- More than one Y38 code may be assigned if the injury is a result of more than one mechanism of terrorism.
CAUSE OF INJURY IS SUSPECTED TO BE THE RESULT OF TERRORISM

- When the cause of injury is suspected to be the result of terrorism a code from category Y38 should not be assigned.

- Suspected cases should be classified as assault.

CODE Y38.9, TERRORISM, SECONDARY EFFECTS

- Assign code Y38.9, 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.

- It is acceptable to assign code Y38.9 with another code from Y38 if there is an injury due to the initial terrorist event and an injury that is a subsequent result of the terrorist event.
EXTERNAL CAUSE STATUS (Y99)
EXTERNAL CAUSE STATUS CODE

- A code from category Y99, External cause status, should be assigned whenever any other external cause code is assigned for an encounter, including an Activity code, except for the events noted below.

- Assign a code from category Y99, 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 Y99, 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.
EXTERNAL CAUSE STATUS CODE (cont.)

- Do not assign a code from category Y99 if no other external cause codes (cause, activity) are applicable for the encounter.

- An external cause status code is used only once, at the initial encounter for treatment.

- Only one code from Y99 should be recorded on a medical record.

- Do not assign code Y99.9, Unspecified external cause status, if the status is not stated.
ACCIDENTS (V00-X58)
TRANSPORT ACCIDENTS

• This section is structured in 12 groups.

• A transport accident is any accident involving a device designed primarily for, or used at the time primarily for, conveying persons or goods from one place to another.

• Those relating to land transport accidents (V01-V89) reflect the victim’s mode of transport and are subdivided to identify the victim’s ‘counterpart’ or the type of event.

• The vehicle of which the injured person is an occupant is identified in the first two characters since it is seen as the most important factor to identify for prevention purposes.

• A transport accident is one in which the vehicle involved must be moving or running or in use for transport purposes at the time of the accident.
CODING EXAMPLES

1. Assign external cause codes for this case: An 18-year-old driver of a car collided with a pickup truck on the interstate highway. The driver confessed to using his cell phone to send a text message to his girlfriend.

**Answer:**

V43.53XA-Index to External Causes, Accident, car – see Accident, transport, car occupant. Accident, transport, car occupant, driver, collision (with) pickup truck (traffic)

Y92.411-Index to External Causes, Place of occurrence, highway (interstate)

Y93.C2-Index to External Causes, Activity (involving) (of victim at time of event), cellular, telephone

**Rationale:**

The transport accident codes have been greatly expanded in ICD-10-CM with much more detail. It takes experience to get used to the Index to External Causes and Tabular sections. Just getting familiar with both is a help to coding these conditions correctly. An appropriate seventh character is to be added to each code from category V43. If the code does not contain six characters, the X is used before placing the seventh character. No Status code was selected because this information was not documented.
CODING EXAMPLES (cont.)

2. This 46-year-old male, working on his own home improvement projects, fell from a ladder outside of his single family home. After evaluation, it was determined that he had a non-displaced femoral neck fracture on the left side. At this time, no surgical intervention is planned. What diagnosis codes are assigned?

**Answer:**

- S72.002A-Fracture, traumatic (abduction) (adduction) (separation) femur, femoral, neck – see fracture, femur, upper end, neck
- W11.XXXA Index to External Causes, Fall, falling (accidental), from, off, out of, ladder
- Y92.018-Index to External Causes, Place of occurrence, residence (non-institutional) (private), house, single-family, specified NEC
- Y93.H9-Index to External Causes, Activity (involving) (of victim at time of event), maintenance, property
- Y99.8-Index to External Causes, External cause status, specified NEC
CODING EXAMPLES (cont.)

Rationale: The seventh character A is used to indicate the initial encounter for the fracture. The X placeholder is used in the external cause code because the seventh character is required. A code from categories Y92, Y93, and Y99 should be used to indicate information about the event. Code Y93.H9 was selected over Y93.E9 (household maintenance) because of the excludes note under Y93.E for “activities involving property and land maintenance, building and construction (Y93.H-)”. Since the person was on a ladder outside his home, working on a home improvement project, it seems like “property maintenance” might be the best fit.
CODING EXAMPLES (cont.)

3. Assign only external cause codes for this case: The patient was bitten by a dog while attempting to rescue it from an abandoned barn while performing his job at an animal control.

Answer: W54.0XXA-Index to External Causes, Bite, bitten by, dog
Y92.71-Index to External Causes, Place of occurrence, barn
Y93.K9-Index to External Causes, Activity (involving) (of victim at time of event), animal care NEC
Y99.0-Index to External Causes, External cause status, civilian activity done for income or pay

Rationale: In this case it is possible to report the place of occurrence, the activity and status in addition to the external cause code for bite. When adding the seventh character, if the code does not contain six characters, the X is used before placing the seventh character.
4. A patient fell from a ladder in the garage four weeks ago while working on replacing a garage door switch. The injury resulted in a fracture of L1 and L2 vertebral bodies. He is receiving physical therapy for his routine healing injury. What diagnosis codes are assigned?

Answer: S32.019D-Fracture, traumatic (abduction) (adduction) (separation) vertebra, vertebral (arch) (body) (column) (neural arch) (pedicle) (spinous process) (transverse process), lumbar, first
S32.029D-Fracture, vertebra, vertebral (arch) (body) (column) (neural arch) (pedicle) (spinous process) (transverse process), lumbar, second
W11.XXXD-Index to External Causes, Fall, falling(accidental), from ladder
CODING EXAMPLES (cont.)

Rationale: In ICD-10-CM, fractures of each level of the vertebrae are coded separately. The seventh character D is used to indicate the subsequent encounter for the fracture that is documented as routinely healing. The external cause code, with the appropriate seventh character is assigned for each encounter for which the injury is being treated. Codes from categories Y92 and Y93 are only assigned on the initial encounter, and so are appropriate only with the seventh character A. No external cause status code is assigned because the coding guidelines state that Y99.9 is not assigned if the status is not stated, and this is a subsequent encounter. It is presumed to be inappropriate for use on subsequent encounters because the complete information would not be available in the record, and the details have already been provided at the initial encounter.
CODING EXAMPLES (cont.)

5. This 32-year-old female was burned by hot grease in the kitchen of her condo. She is seen in the hospital’s outpatient clinic for large dressing change on her left forearm. She was treated for second-degree burns to her left arm several days ago. What diagnosis codes are assigned?

**Answer:**

- T22.212D-Burn, (electricity) (flame) (hot gas, liquid or hot object) (radiation) (steam) (thermal) forearm, left, second degree
- X10.2XXD-Index to External Causes, Burn, burned, burning (accidental) (by) (from) (on), hot, fat
- Z48.00-Change(s) (in) (of) dressing (nonsurgical)
CODING EXAMPLES (cont.)

Rationale:
The seventh character D is used for both codes to indicate a subsequent encounter for care (the original treatment was rendered “several days ago”). The ICD-10-CM guidelines indicate that these characters must always occupy the seventh character position. A place of occurrence and activity code would not be used as the guidelines state that both a place of occurrence code and activity code is used only once, at the initial encounter for treatment. Coding Guideline I.C.21.c.7 states that aftercare Z codes should not be used for aftercare for injuries. For aftercare of an injury, assign the acute injury code with the seventh character D. However, the Z48.00 code might be added to provide additional information. No external cause status code is assigned because the coding guidelines state that Y99.9 is not assigned if the status is not stated, and this is a subsequent encounter.
CODING EXAMPLES (cont.)

6. This patient is a 19-year-old college student who is brought to the emergency department by ambulance, found to be the victim of a random beating. This patient was walking in his neighborhood park when he was pulled down and then beaten during a fight. The patient was comatose when found by the paramedics but did open his eyes in response to pain; however, he has no verbal or motor response. The patient was in a coma upon admission but regained consciousness within forty minutes of arriving in the ED, less than an hour after being found. The MRI is negative for fractures or internal bleeding. The physician describes the injury as a closed head injury with loss of consciousness of less than one hour. What diagnosis codes are assigned?

**Answer:**

S06.9X2A-Injury, head, with loss of consciousness. Review Tabular for complete code assignment.
R40.2121-Coma, with, opening of eyes, in response to, pain
R40.2211-Coma, with verbal response (none)
R40.2311-Coma, with motor response (none)
Y04.0XXA-Index to External Causes, Assault (homicidal) (by) (in), fight (hand) (fists) (foot) (unarmed)
Y92.830-Index to External Causes, Place of occurrence, recreation area, park (public)
CODING EXAMPLES (cont.)

Y93.01-Index to External Causes, Activity (involving) (of victim at time of event), walking (on level or elevated terrain)
Y99.8-Index to External Causes, External cause status, student activity

Rationale: The seventh character A is used for the head injury to indicate the initial episode of care. Because the patient was comatose and the three elements of the Glasgow coma scale were documented (eyes open, verbal response, and motor response) each of these can be identified and the seventh character 1 is used to indicate that the coma scale was completed “in the field” by paramedics. To review information about assigning the Glasgow coma scale, review Chapter 18, Symptoms, signs and abnormal clinical and laboratory findings. The assault was presumed to be an unarmed fight because the documentation indicates a fight, but no weapons were discussed.
CODING EXAMPLES

7. A child has second and third degree burns of the left calf and second and third degree burns of the back. The patient was burned when he was running and fell into the lit fireplace in his parents bedroom. What diagnosis codes are assigned?

Answer:

T24.332A-Burn (electricity) (flame) (hot gas, liquid or hot object) (radiation) (steam) (thermal), calf, left, third degree
T21.34XA-Burn (electricity) (flame) (hot gas, liquid or hot object) (radiation) (steam) (thermal), back, third degree
X02.0XXA-Index to External Causes, Fall, falling (accidental), into, fire- see Exposure, fire, by type. Exposure (to), fire, flames (accidental) fireplace, furnace or stove – see Exposure, fire, controlled, building. Exposure, fire, flames (accidental), controlled (in), building or structure
Y92.003-Index to External Causes, Place of occurrence, residence (non-institutional) (private), bedroom
Y93.02-Index to External Causes, Activity (involving) (of victim at time of event), running
Y99.8-Index to External Causes. External cause status, specified NEC
CODING EXAMPLES (cont.)

Rationale:
The seventh character A refers to the initial encounter. Only the highest degree of burn (3rd) on the calf and back are reported. If a code is not a full six characters, a placeholder X must be used to fill the empty characters when the seventh character is required. Notes under category T24.2 state to use additional external cause code to identify the source, place, and intent of the burn. If the percent of body burned was documented, category T31 may be assigned as a secondary code. The rule of nines is not used to calculate this without documentation by the provider. For example in this case it was documented that the calf was burned, but certainly not what percentage of the leg was burned. As with any ICD code, physician documentation is required.
8. This patient is a 22-year-old male, admitted through the emergency department after the motorcycle he was driving (for leisure) collided with an elk on a mountain highway. The patient was wearing a helmet and suffered a minor head injury with just a short loss of consciousness reported at 15 minutes. His major injury was a displaced, cervical, C2 fracture with a complete transection of the spinal cord. Upon evaluation by neurosurgery, the patient had no feeling below his shoulders, although he did admit to tingling in his arms and hands. The patient had no other apparent fractures. The patient’s family was notified and arrived two days later. Due to problems in the OR, it was necessary to transfer the patient to complete surgical stabilization. The physician’s final diagnosis was stated as quadriplegia secondary to C2 vertebral fracture with spinal cord injury. What diagnosis codes are assigned?

**Answer:**

S14.112A-Injury, spinal (cord), cervical (neck), complete lesion, C2 level
S12.100A-Fracture, traumatic, vertebra, vertebral (arch) (body) (column) (neural arch) (pedicle) (spinous process) (transverse process), cervical, second (axis) – see Fracture, neck, cervical vertebra, second (displaced)
S06.9X1A-Injury, head, with loss of consciousness. Review Tabular for complete code assignment.
V20.4XXA-Index to External Causes, Accident, transport, motorcyclist, driver, collision (with), animal (traffic)
Y92.410-Index to External Causes, Place of occurrence, street and highway
CODING EXAMPLES (cont.)

Y99.8-Index to External Causes, External cause status, leisure activity

Rationale:

In a fracture with a spinal cord injury, ICD-10-CM does not have a combination so these conditions need to be coded separately. The note at category S14 states to code also any associated fracture of cervical vertebra. The quadriplegia is not coded separately, as this is the current episode of the injury. When you reference quadriplegia, traumatic in the Index, the coder is referred back to the S14 code. The sixth digit of 1 for code S06.9x1A indicates a loss of consciousness of 30 minutes or less. The place of occurrence code is Y92.410 as there is no specific code for a mountain highway. In the Index, under highway (interstate) appears that it may be the correct code since interstate is in parentheses. But on further review, Y92.410 appears to be the best choice. Assigning a “place of occurrence” code in some cases is not clear in the classification system. A code from the Y93 category (activity code) is not assigned because none is particularly applicable. Riding a bicycle is similar, but not the same as a motorcycle. There are few choices when it pertains to transport accidents. There is no particular “activity” described in the scenario. Driving his motorcycle does not fall within the intent of the activity codes, as that information is already captured by the V20 code. If he was sending a text message while driving his motorcycle, that would be an activity.
TRAINING SOURCES

American Health Information Management Association
   www.ahima.org

American Academy of Professional Coders
   www.aapc.com

HCPro
   www.hcpro.com

Code It Right Online
   www.codeitrightonline.com