Classification of Injuries

This resource sheet explains the primary systems of classifying injuries, including suicides and self-inflicted injuries, so that injuries can be reported and compared uniformly.

The International Classification of Diseases (ICD)

The International Classification of Diseases (ICD) is the system used to code and classify mortality data, including suicides, from death certificates. Currently, ICD-10 (i.e., the 10th revision of the system) is in use; prior to 1999, ICD-9 was used.

The International Classification of Diseases, Clinical Modification (ICD-CM) is used to code and classify morbidity (non-fatal illness and injury) data, including self-inflicted injuries, from hospital inpatient and outpatient visits, emergency departments, physician office visits, and some national surveys. Currently, ICD-9-CM is being used. ICD-10-CM has been developed and will be implemented on October 1, 2014.

When a death or medical event is the result of an injury or poisoning (as opposed to an illness), two types of ICD or ICD-CM codes are applied:

- **Nature** of the injury or poisoning (e.g., injury of blood vessels at neck level)
- **External cause of injury codes**, which include details on both the mechanism and manner by which the injury occurred (e.g., self-inflicted firearm injury)

*Mechanism* (the method) refers to the object or force that inflicted the injury (e.g., firearm, poisoning, suffocation/hanging, drowning, cutting, or fall/jumping).

*Manner* (the intent) includes the following categories:

- Unintentional (accident)
- Suicide or intentionally self-inflicted injury
- Homicide or assault injury
- Intent not able to be determined

**Examples:**

1) A middle-aged man is found dead in his home bleeding from his head. With him are a gun and a note saying good-bye to his family and friends. Here is the most likely scenario:
   - Mechanism: firearm
   - Manner: self-inflicted
   - Nature of injury: head and/or brain injury

2) A teenage girl is brought to the emergency department of the local hospital by her parents. She is unconscious and has red marks on her neck. Her parents found her in the basement where a piece of rope was hanging from a ceiling light fixture. Here is the most likely scenario:
   - Mechanism: strangulation/suffocation (by rope)
   - Manner: probably self-inflicted, but more investigation is needed to determine if it was attempted homicide
   - Nature of injury: asphyxiation, burn on the neck

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1 Note that in the medical records, the nature of injury is described in more complex medical terms than we have used here for the purposes of these two examples.
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External Cause of Injury Codes

ICD-9-CM external cause of injury codes are three- or four-digit codes preceded by the letter E and are often referred to as “E-codes.” ICD-10 external cause codes are also three or four digits, but they are preceded by the letter V, W, X, or Y.

An ICD-9-CM code for suicidal ideation (V62.84) was added in October 2005. As a V-code, it is part of the ICD-9-CM’s Supplementary Classification of Factors Influencing Health Status. Suicidal ideation is thoughts of or an unusual preoccupation with suicide.

By law, external cause codes are required to be recorded for all deaths resulting from an injury. A medical doctor describes the mechanism and manner of the death, and a health information specialist, or nosologist, determines the correct code. However, these codes are not legally mandated for hospital (morbidity) data in all states. In addition, the completeness, accuracy, and specificity of external cause coding vary significantly from state to state, which limits the usefulness of these data in some states. In the majority of states, the data are incomplete.

Even in states with a high percentage of E-coded hospital records, the assigned E-codes often lack specificity. When health care providers do not understand the importance of providing specific information for E-coding, the medical record documentation can be insufficient. This can result in excess use of the non-specific E-codes, such as E958.8 (suicide by other specified means) and E958.9 (suicide by unspecified means). Non-specific E-codes do not provide the detail needed for injury prevention. Additionally, inadequate E-coding in state morbidity data affects national injury statistics from federal data systems, which obtain their data from a sample of U.S. hospitals through surveys such as the National Hospital Discharge Survey and the National Hospital Ambulatory Medical Care Survey.

Why are E-codes Important?

External cause codes are important for understanding patterns in the occurrence of injuries and for preventing injuries, including suicide. Without accurate E-codes, it is difficult to determine whether an injury was self-inflicted. Unfortunately, E-codes do not differentiate between suicide attempts and non-suicidal self-injury. Intent to die cannot be discerned from the codes. Nevertheless, E-coded data can help in doing the following:

- Identifying and tracking patterns, trends, and changes in self-harm injuries
- Identifying high-risk populations
- Setting priorities and selecting strategies
- Obtaining funding
- Planning, implementing, and evaluating the effectiveness of prevention programs and policies at the national, state, and local levels

Resources for More Information

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