assigned nine percent, each arm nine percent, each leg 18 percent, the anterior trunk 18 percent, posterior trunk 18 percent, and genitalia one percent. Providers may change these percentage assignments where necessary to accommodate infants and children who have proportionately larger heads than adults, and patients who have large buttocks, thighs, or abdomen that involve burns.

7) **Encounters for treatment of late effects of burns**

Encounters for the treatment of the late effects of burns or corrosions (i.e., scars or joint contractures) should be coded with a burn or corrosion code with the 7th character “S” for sequela.

8) **Sequelae with a late effect code and current burn**

When appropriate, both a code for a current burn or corrosion with 7th character extension “A” or “D” and a burn or corrosion code with extension “S” may be assigned on the same record (when both a current burn and sequelae of an old burn exist). Burns and corrosions do not heal at the same rate and a current healing wound may still exist with sequela of a healed burn or corrosion.

9) **Use of an external cause code with burns and corrosions**

An external cause code should be used with burns and corrosions to identify the source and intent of the burn, as well as the place where it occurred.

e. **Adverse Effects, Poisoning, Underdosing and Toxic Effects**

Codes in categories T36-T65 are combination codes that include the substances related to adverse effects, poisonings, toxic effects and underdosing, as well as the external cause. No additional external cause code is required for poisonings, toxic effects, adverse effects and underdosing codes.

A code from categories T36-T65 is sequenced first, followed by the code(s) that specify the nature of the adverse effect, poisoning, or toxic effect. Note: This sequencing instruction does not apply to underdosing codes (fifth or sixth character “6”, for example T36.0x6-).

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.

3) **If the same code would describe the causative agent**
If the same code would describe the causative agent for more than one adverse reaction, poisoning, toxic effect or underdosing, 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 a combination code is listed in the Table of Drugs and Chemicals.

5) **The occurrence of drug toxicity is classified in ICD-10-CM as follows:**

   (a) **Adverse Effect**
   Assign the appropriate code for adverse effect (for example, T36.0x5-) when the drug was correctly prescribed and properly administered. Use additional code(s) for all manifestations of adverse effects. Examples of manifestations are tachycardia, delirium, gastrointestinal hemorrhaging, vomiting, hypokalemia, hepatitis, renal failure, or respiratory failure.

   (b) **Poisoning**

   When coding a poisoning or reaction to the improper use of a medication (e.g., overdose, wrong substance given or taken in error, wrong route of administration), assign the appropriate code from categories T36-T50. Poisoning codes have an associated intent: accidental, intentional self-harm, assault and undetermined. Use additional code(s) for all manifestations of poisonings.

   If there is also a diagnosis of abuse or dependence on the substance, the abuse or dependence is coded as an additional code.
Examples of poisoning include:

(i) **Error was made in drug prescription**
Errors made in drug prescription or in the administration of the drug by provider, nurse, patient, or other person.

(ii) **Overdose of a drug intentionally taken**
If an overdose of a drug was intentionally taken or administered and resulted in drug toxicity, it would be coded as a poisoning.

(iii) **Nonprescribed drug taken with correctly prescribed and properly administered drug**
If a nonprescribed drug or medicinal agent was taken in combination with a correctly prescribed and properly administered drug, any drug toxicity or other reaction resulting from the interaction of the two drugs would be classified as a poisoning.

(iv) **Interaction of drug(s) and alcohol**
When a reaction results from the interaction of a drug(s) and alcohol, this would be classified as poisoning.

*See Section I.C.4. if poisoning is the result of insulin pump malfunctions.*

(c) **Underdosing**
Underdosing refers to taking less of a medication than is prescribed by a provider or a manufacturer’s instruction. For underdosing, assign the code from categories T36-T50 (fifth or sixth character “6”).

Codes for underdosing should never be assigned as principal or first-listed codes. If a patient has a relapse or exacerbation of the medical condition for which the drug is prescribed because of the reduction in dose, then the medical condition itself should be coded.

Noncompliance (Z91.12-, Z91.13-) or complication of care (Y63.61, Y63.8-Y63.9) codes are to be used with an underdosing code to indicate intent, if known.
(d) **Toxic Effects**

When a harmful substance is ingested or comes in contact with a person, this is classified as a toxic effect. The toxic effect codes are in categories T51-T65.

Toxic effect codes have an associated intent: accidental, intentional self-harm, assault and undetermined.

(f) **Adult and child abuse, neglect and other maltreatment**

Sequence first the appropriate code from categories T74.- (Adult and child abuse, neglect and other maltreatment, confirmed) or T76.- (Adult and child abuse, neglect and other maltreatment, suspected) for abuse, neglect and other maltreatment, followed by any accompanying mental health or injury code(s).

If the documentation in the medical record states abuse or neglect it is coded as confirmed (T74.-). It is coded as suspected if it is documented as suspected (T76.-).

For cases of confirmed abuse or neglect an external cause code from the assault section (X92-Y08) should be added to identify the cause of any physical injuries. A perpetrator code (Y07) should be added when the perpetrator of the abuse is known. For suspected cases of abuse or neglect, do not report external cause or perpetrator code.

If a suspected case of abuse, neglect or mistreatment is ruled out during an encounter code Z04.71, Suspected adult physical and sexual abuse, ruled out, or code Z04.72, Suspected child physical and sexual abuse, ruled out, should be used, not a code from T76.

*See Section I.C.15.r Abuse in a pregnant patient.*

(g) **Complications of care**

1) **Complications of care**

(a) **Documentation of complications of care**

As with all procedural or postprocedural complications, code assignment is based on the provider’s documentation of the relationship between the condition and the procedure.
2) **Pain due to medical devices**

Pain associated with devices, implants or grafts left in a surgical site (for example painful hip prosthesis) is assigned to the appropriate code(s) found in Chapter 19, Injury, poisoning, and certain other consequences of external causes. Specific codes for pain due to medical devices are found in the T code section of the ICD-10-CM. Use additional code(s) from category G89 to identify acute or chronic pain due to presence of the device, implant or graft (G89.18 or G89.28).

3) **Transplant complications**

   (a) **Transplant complications other than kidney**

   Codes under category T86, Complications of transplanted organs and tissues, are for use for both complications and rejection of transplanted organs. A transplant complication code is only assigned if the complication affects the function of the transplanted organ. Two codes are required to fully describe a transplant complication: the appropriate code from category T86 and a secondary code that identifies the complication.

   Pre-existing conditions or conditions that develop after the transplant are not coded as complications unless they affect the function of the transplanted organs.

   *See I.C.21.c.3 for transplant organ removal status*
   *See I.C.2.r for malignant neoplasm associated with transplanted organ.*

   (b) **Chronic kidney disease and kidney transplant complications**

   Patients who have undergone kidney transplant may still have some form of chronic kidney disease (CKD) because the kidney transplant may not fully restore kidney function. Code T86.1- should be assigned for documented complications of a kidney transplant, such as transplant failure or rejection or other transplant complication. Code T86.1- should not be assigned for post kidney transplant patients who have chronic kidney (CKD) unless a transplant complication such as transplant failure or rejection is documented. If the
documentation is unclear as to whether the patient has a complication of the transplant, query the provider.

For patients with CKD following a kidney transplant, but who do not have a complication such as failure or rejection, see section I.C.14. Chronic kidney disease and kidney transplant status.

4) **Complication codes that include the external cause**
As with certain other T codes, some of the complications of care codes have the external cause included in the code. The code includes the nature of the complication as well as the type of procedure that caused the complication. No external cause code indicating the type of procedure is necessary for these codes.

5) **Complications of care codes within the body system chapters**
Intraoperative and postprocedural complication codes are found within the body system chapters with codes specific to the organs and structures of that body system. These codes should be sequenced first, followed by a code(s) for the specific complication, if applicable.

20. **Chapter 20: External Causes of Morbidity (V01-Y99)**
Introduction: These guidelines are provided for the reporting of external causes of morbidity codes in order that there will be standardization in the process. These codes are secondary codes for use in any health care setting.

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 person’s status (e.g., civilian, military).

a. **General External Cause Coding Guidelines**

1) **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