



AIS 2005/2008 Update Dictionary - Clarification Document



Updated: 10/9/2019 15:16

We have combined and revised the clarification documents into an Excel file that has been saved as a PDF for viewing.

The first section is this "read me" area followed by: ALL of the combined items; General; Definitions; Rules-Guidelines; Head; Face; Neck; Thorax; Abdomen; Spine; Upper Extremity; Lower Extremity; External; Other; Chart/Tables.

Although this is a PDF, you are still able to search the document.

We would like to take this opportunity to thank the **AIS Faculty** who worked on the development of the clarification documents over the years as well as those of you using the coding system for your continued support, questions and suggestions!

ALL - AIS 2005/2008 Update Dictionary - Clarification Document - Most Current Clarification Date At the Top

10/9/2019 15:16

YEAR	CHAPTER	ITEM	DISCUSSION	REFERENCE/EXAMPLE
X	GENERAL STATEMENT THROUGHOUT DICTIONARY	<i>Using the Dictionary</i>	Coding rules and box bold directives have been integrated widely into the dictionary where they apply to specific organs, structures, body regions or at the beginning of each chapter to assist with accurate coding. Coders should refer to them frequently.	(p.31) "Use one of the following two descriptors when such vague information, including traumatic brain injury or closed head injury, is the only information available. While these descriptors identify the occurrence of a head injury, they do not specify its severity."
2019	GENERAL DEFINITION	<i>Superficial Penetrating Injury</i>	Superficial penetrating injury skin/subcutaneous/muscle only without underlying organ or bony involvement. For penetrating injuries to the extremities that do not involve bone or vascular structures, code as minor injury.	
2019	GENERAL DEFINITION	<i>Asphyxia</i>	Asphyxia definition is a condition arising when the body is deprived of oxygen, causing unconsciousness or death. This is a codeable sequela.	(p.166)
2019	GENERAL DEFINITION	<i>Hemarthrosis</i>	Hemarthrosis is not a codable injury.	
2019	HEAD	<i>24 Hour Statement</i>	Within the first 24 hours post injury, patients with transient signs and symptoms should be coded even if they are resolved within the 24 hour period.	(p.40)
2019	HEAD	<i>Blood Along Tentorium</i>	Supratentorial codes to Cerebrum; Interpeduncular fossa (cistern) basal cisterns code as injury involving hemorrhage in the brainstem; "Along" the tentorium, code to supratentorial = Cerebrum.	(p.41)
2019	HEAD	<i>Amnesia</i>	One symptom that can exist without a closed head injury, no AIS code.	
2019	HEAD	<i>Occipital Condyles</i>	Occipital condyles are coded to the skull base.	(p.49)
2019	HEAD	<i>Concussion</i>	Concussion must be documented in the medical record by a physician or physician extender. Recorded in PI minutes is inadequate.	
2019	HEAD	<i>Coma Modifiers</i>	For codes with coma modifiers, "not associated with coma..." = means there was documentation of coma, but it was not greater than 6 hours in duration. "Associated with coma...." = means there was documentation of coma, and it was greater than 6 hours in duration. The NFS code should be used when there is no documentation of coma with an injury that has a coma modifier.	e.g. SAH with coma 8 hours = 140695.3 SAH associated with coma > 6 hours

YEAR	CHAPTER	ITEM	DISCUSSION	REFERENCE/EXAMPLE
2019	FACE	<i>LeFort Fractures</i>	"LeFort" must be specified in the medical documentation to use the LeFort fracture codes, otherwise, code individual fractured bones.	
2019	FACE	<i>Palate Perforation</i>	Soft palate perforation code as laceration; hard palate perforation code as fracture. If palate is not specified as soft or hard, code as fracture.	
2019	NECK	<i>Carotid Artery Injury</i>	Carotid Artery injury not specified should be coded to Common Carotid Artery.	(p.66)
2019	NECK	<i>Jugular Vein Injury</i>	Jugular Vein injury not specified should be coded to Internal Jugular Vein.	(p.68)
2019	SPINE	<i>24 Hour Statement</i>	Within the first 24 hours post injury, patients with transient signs and symptoms should be coded even if they are resolved within the 24 hour period.	(p.100)
2019	UP EXTREM	<i>Rotator Cuff</i>	Rotator cuff should be assigned to Shoulder, Glenohumeral Joint, NFS (771099.1)	(p.121)
2019	EXTERNAL	<i>Skin Tears</i>	Skin tears are coded as a laceration to the appropriate location on the patient and assigned to the ISS body region for calculating an ISS.	
2019	OTHER	<i>Hanging/Drowning Deaths</i>	Hanging/Drowning deaths with medical examiner's diagnosis counts as "cardiac arrest documented by medical personnel".	(p.166)
2019	OTHER	<i>Hypothermia</i>	Hypothermia is coded in whole number temperature only; do not round up or down. Codes for Fahrenheit are: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> 010002.1 95-93 F 010004.2 92-90 F 010006.3 89-86 F 010008.4 85-82 F 010010.5 <82 F </div>	(p.167)
2016	GENERAL DEFINITION	<i>Puncture Wound</i>	Puncture wound is caused by spearing or impalement type injuries. These should be coded as Penetrating NFS or Penetrating minor superficial	
2016	GENERAL DEFINITION	<i>Palsy/Paresis</i>	Palsy/Paresis are coded as nerve contusion.	
2016	GENERAL DEFINITION	<i>Paralysis/Total Loss of Function</i>	Paralysis or Total Loss of Function is coded as nerve laceration.	
2016	GENERAL DEFINITION	<i>Incomplete Transection</i>	Incomplete transection is the same as incomplete circumferential involvement.	
2016	GENERAL DEFINITION	<i>Pseudoaneurysm</i>	Pseudoaneurysm is coded as a minor artery laceration.	

YEAR	CHAPTER	ITEM	DISCUSSION	REFERENCE/EXAMPLE
2016	GENERAL DEFINITION	<i>Amputation</i>	<i>Amputation</i> is defined as "traumatic" not surgical	
2016	GENERAL DEFINITION	<i>Morel Lavalle Lesion</i>	<i>Morel Lavalle Lesion</i> , internal shearing or degloving injury of an extremity is coded as a degloving injury in the appropriate extremity chapter.	
2016	GENERAL DEFINITION	<i>Micro Fractures</i>	<i>Micro fractures</i> are not a codeable injuries.	
2016	GENERAL DEFINITION	<i>Bone Contusions</i>	<i>Bone contusions</i> are not a codeable injuries.	
2016	GENERAL DEFINITION	<i>Bone Edema</i>	<i>Bone edema</i> is not a codeable injury.	
2016	GENERAL DEFINITION	<i>Extra-Articular</i>	<i>Extra-Articular</i> refers to a fracture with NO joint involvement.	
2016	GENERAL DEFINITION	<i>Partial Articular</i>	<i>Partial Articular</i> (Intra-Articular) refers to at least one fracture through the joint surface and part of the articular surface is still in continuity with the diaphysis.	Refer to drawings in the upper and lower extremity chapters
2016	GENERAL DEFINITION	<i>Complete Articular</i>	<i>Complete Articular</i> refers to a fracture where the articular surface is fractured AND there is no continuity with the diaphysis.	Refer to drawings in the upper and lower extremity chapters
2016	HEAD	<i>Acute on Chronic Bleeds</i>	If the clinician does not differentiate and document the acute from chronic bleed, code as NFS in the appropriate section.	
2016	HEAD	<i>Pterygoid Plates</i>	<i>Pterygoid Plates</i> are part of the sphenoid bone and are coded to the base of the skull if injured in isolation. If the pterygoid plates are part of a LeFort fracture, they are NOT coded additionally as skull base fractures.	
2016	FACE	<i>Caustic Injury</i>	<i>Caustic injury</i> to the mouth is coded as 243099.1	(p.58)
2016	NECK	<i>Thrombosis (Occlusion)</i>	<i>Thrombosis (occlusion) secondary to trauma from any lesion but laceration</i> (under carotid artery, internal, and external, and vertebral artery) refers to the sequela of blunt trauma to neck.	Example: seatbelt injury
2016	SPINE	<i>Spinal Cord Injury with Associated Fracture, no deficit</i>	Spinal cord injury such as compression, epidural or subdural hemorrhage associated with a fracture AND there is NO neurologic deficit, the coder must choose to either code the cord injury OR the fracture. Current rules prohibit coding both.	
2016	SPINE	<i>Pars Interarticularis</i>	<i>Pars interarticularis</i> is located between the lamina and the pedicle anatomically and should be coded as pedicle. Previous teaching of coding this to LAMINA has been changed per recent Neurosurgery input.	
2016	THORAX	<i>Persistent Air Leak</i>	<i>Persistent Air Leak</i> (442203.4) is described as an air leak in the thorax that lasts for more than 48 hours, which represents a more severe injury than a simple pneumothorax.	(p.81)

YEAR	CHAPTER	ITEM	DISCUSSION	REFERENCE/EXAMPLE
2016	THORAX	<i>Intracardiac Septum</i>	<i>Intracardiac Septum</i> may also be identified as "intraventricular" septum.	(p.78)
2016	THORAX	<i>Flail Chest</i>	<i>Flail chest with additional but separate rib fractures on the same side</i> is coded to the more severe injury, the flail chest, and the additional rib fractures on the same side are not coded.	(p.82)
2016	ABDOMEN	<i>Hemoperitoneum</i>	<i>Hemoperitoneum</i> is a sequela and is not a codeable injury.	
2016	ABDOMEN	<i>Serosal Tear</i>	<i>Serosal tear</i> is coded as a partial thickness injury.	
2016	UP EXTREM	<i>Digital Vessels</i>	<i>Digital vessels</i> are included in "other named vessels"	
2016	LOW EXTREM	<i>Hip Fracture</i>	<i>"Hip Fracture"</i> simply stated with no other description is coded as a proximal femur fracture (853111.3)	(p.147)
2016	LOW EXTREM	<i>Slipped Epiphysis</i>	<i>Slipped Epiphysis</i> in children is coded as a femur neck fracture (853161.3)	(p.147)
2016	OTHER	<i>Caustic Injury</i>	<i>Caustic injury</i> (040099.9) is only used if the specific location is not known.	(p.166)
2013	GENERAL DEFINITION	<i>Vessel Dissection</i>	<i>Vessel dissection</i> should be coded to intimal tear for all vessels including descriptors for carotid artery common/internal, carotid artery external and vertebral artery.	
2013	GENERAL DEFINITION	<i>Internal Carotid Artery</i>	<i>May refer to either AIS Head or Neck Chapters</i> . AIS Head codes 121099.3 to 121006.3 "Internal Carotid Artery" and 320099.9 to 320223.4 "Carotid Artery". When the exact location of the injury is not specified as to head or neck, code to the neck region with applicable associated detail (laceration, thrombosis, occlusion, etc.)	
2013	GENERAL DEFINITION	<i>External Carotid Artery</i>	<i>See also Face Chapter</i> which includes branches of the external carotid artery.	
2013	GENERAL DEFINITION	<i>Vertebral Artery</i>	<i>May refer to either AIS Head or Neck Chapters</i> . When the exact location of the injury is not specified as to head or neck, code to the neck region with applicable associated detail (laceration, thrombosis, occlusion, etc.)	
2013	HEAD	<i>Multiple hematomas/SDH small or Large, same hemisphere</i>	When multiple small (140640.4) or large (140648.5) hematomas OR when multiple small (140652.4) or large (140656.5) SDH are diagnosed, code each individually IF they are separate and individual hematomas/bleeds of the same (unilateral) hemisphere. If both hemispheres are involved use the bilateral code.	e.g. 2 codes would be required Small (L) frontal SDH = 140652.4 Small (L) occipital SDH = 140652.4

YEAR	CHAPTER	ITEM	DISCUSSION	REFERENCE/EXAMPLE
2013	HEAD	<i>Skull Vault Fracture</i>	Skull vault fracture 150406.4 the descriptor "complex; open with torn, exposed or loss of brain tissue" is meant to read "torn dura"	(p.49)
2013	FACE	<i>Retrobulbar hemorrhage</i>	Retrobulbar hemorrhage should be coded to 240499.1 - Eye, NFS	(p.56)
2013	FACE	<i>Nose amputation</i>	Nose amputation is coded as skin avulsion according to its level of severity.	(p.54)
2013	FACE	<i>Nasal Fractures, displaced</i>	Nasal fractures documented as "minimally displaced" are coded as non-displaced. Displacement must be significant.	(p.62)
2013	FACE	<i>Mandible Fractures, displaced</i>	Mandible fractures documented as "minimally displaced" are coded as non-displaced. Displacement must be significant.	(p.59)
2013	FACE	<i>LeFort Fractures</i>	LeFort fractures are coded as per the LeFort definitions. Medical documentation indicating appropriate LeFort bone fractures may qualify for LeFort fracture coding when the word "LeFort" is not explicitly used in the documentation.	(p.61) - This code further clarified
2013	FACE	<i>Panfacial Fracture</i>	Multiple and complex bilateral fractures of the face not conforming to the standard classifications of LeFort but resulting in significant deformation and meeting the Panfacial fracture definition should be coded using the Panfacial codes 251900.3/251902.4.	(p.63)
2013	THORAX	<i>Skin/subcutaneous/muscle injury</i>	"Degloving" should be coded as avulsion.	(p.72)
2013	THORAX	<i>Intracardiac chordae tendinae</i>	Code 440400.5 includes papillary muscle injury.	(p.78)
2013	THORAX	<i>Thoracic injuries</i>	The 1,000cc blood loss descriptor is meant to indicate blood loss of 20% in the individual. When coding pediatric or other individuals with smaller blood volumes, use 20% blood loss parameter instead of 1,000cc.	(p.81)
2013	THORAX	<i>Thoracic injury NFS</i>	442299.9 refers to Thoracic cavity injury.	(p.81)
2013	THORAX	<i>Traumatic Pneumatocele</i>	This is a sequela resulting from injury and cannot be coded at this time. Documentation of specific pulmonary injury should be pursued.	
2013	ABDOMEN	<i>Skin/subcutaneous/muscle injury</i>	"Degloving" should be coded as avulsion.	(p.83)
2013	SPINE	<i>Cauda equina laceration</i>	Cauda equina injuries described as laceration should be coded under cauda equina contusion.	(p.109)
2013	SPINE	<i>Lateral mass fracture</i>	Lateral mass fractures should be coded as pedicle fractures	(p.104)

YEAR	CHAPTER	ITEM	DISCUSSION	REFERENCE/EXAMPLE
2013	UP EXTREM	<i>Ligament injuries</i>	Ligament injuries to named ligaments in the upper extremity should be coded as a sprain in the associated joint.	
2013	LOW EXTREM	<i>Foot Dislocations</i>	Foot dislocations include talonavicular, calcaneocuboid, talocalcaneal and metatarsal-phalangeal dislocations.	
2013	LOW EXTREM	<i>Knee Joint Dislocation</i>	Knee joint dislocation (874030.2) includes patellar dislocation (knee joint consists of proximal tibia, distal femur and patella)	(p.141)
2013	LOW EXTREM	<i>Distal Tibia Fracture</i>	Distal tibia fracture includes isolated or associated posterior malleolus.	(p.149)
2013	LOW EXTREM	<i>Pelvic Ring Fracture</i>	Pelvic ring fracture includes "pelvic ring dislocation"	(p.159)
2013	LOW EXTREM	<i>Pelvic Fracture With Hematom</i>	Incomplete or Complete disruption with blood loss Blood loss ≤20% by volume may be used for documented small/moderate pelvic hematoma Blood loss >20% by volume may be used for documented large/extensive pelvic hematoma.	(p.159)
2013	OTHER	<i>Caustic Agents</i>	Caustic agents includes noxious agents.	(p.166)
2013	OTHER	<i>Carbon Monoxide Poisoning</i>	Carbon monoxide poisoning is not an injury, therefore it is not coded.	
2013	OTHER	<i>Asphyxia/Suffocation</i>	AIS Code 020006.5	(p.166)
2013	OTHER	<i>Drowning</i>	AIS Code 060006.5	(p.166)
2013	OTHER	<i>Electrical Injury</i>	AIS Code 080004.5 - "with cardiac arrest documented by medical personnel" includes documentation from EMS or pre-hospital personnel.	(p.166)
2012	GENERAL DEFINITION	<i>Perforation</i>	Perforation is defined as a hole or break or opening made through the entire thickness of a membrane, wall or other tissue of an organ or structure of the body.	
2012	GENERAL DEFINITION	<i>Rupture</i>	Rupture is defined as the process or instance of breaking open or bursting to forcibly disrupt tissue resulting in a hole, break or opening with stellate edges or devitalized/fragmented tissue made through the entire thickness of a membrane or other tissue of an organ or structure.	
2012	GENERAL DEFINITION	<i>Arch/Ring</i>	Arch and Ring may be used interchangeably when describing a portion of the vertebra or pelvis.	

YEAR	CHAPTER	ITEM	DISCUSSION	REFERENCE/EXAMPLE
2012	GENERAL DEFINITION	<i>Neurological Deficit</i>	Neurological deficit is defined as a loss or deficit in function of the nervous system that was not present pre-injury and lasts for more than a transient period (more than a few minutes).	Examples include: weakness, numbness, tingling ,mental status changes, dysfunction of
2012	GENERAL DEFINITION	<i>Laceration: Major (Complex)</i>	Major (Complex) laceration is defined as an injury in which the tissues are torn from a blunt or penetrating force. It must involve deeper tissues (subcutaneous tissue and possibly muscle) causing jagged or irregular edges. This type of wound, in the surviving victim, would generally require a layered closure, revision of the jagged edges or extensive cleaning or removal of debris.	
2012	GENERAL DEFINITION	<i>Branches of Vessels</i>	Branches of vessels are not coded unless the branch has a specific anatomical name or it is included within a vessel descriptor. To assign the injury code with the descriptor ' <u>and its named branches</u> ', the branch must be a direct tributary of that vessel. For other specifically named vessels use the categories "other named arteries" or "other named veins".	Injury Example: A laceration, NFS, of the Gluteal Artery. Iliac Artery (p.84) [common, internal, external] <u>and its named branches</u> Use code 520604.3 Laceration NFS. This is a direct tributary of the Internal Iliac Artery <u>and</u> a named arterial vessel. However, a laceration of the Iliolumbar Artery would be assigned to "other named arteries" as it is not a direct tributary of the Internal Iliac Artery.
2012	GENERAL DEFINITION	<i>Epiphyseal</i>	Epiphyseal injuries refer to educational resources, e.g. Orthopaedic Trauma Association (OTA) Fracture and dislocation classification compendium and the section for children for guidance in coding these injuries.	https://ota.org/research/fracture-and-dislocation-compendium
2012	GENERAL DEFINITION	<i>Flail Chest</i>	"Flail Chest" is defined as three or more adjacent ribs, each fractured in more than one location (e.g. posterolateral and anterolateral) to create a free floating segment which may or may not result in paradoxical chest movement.	(p.82) Correct wording in Dictionary
2012	GENERAL DEFINITION	<i>Spine Algorithm</i>	"Spine Coding Algorithm" To facilitate obtaining the correct code for spinal injuries, the following algorithm is offered: 1) Is the spinal cord involved? 2) Is it a contusion/laceration? 3) Is the deficit transient, incomplete or complete? 4) Is there a fracture or dislocation or both?	
2012	GENERAL RULE & GUIDELINE	<i>Penetrating Injury to Bone</i>	Gunshot wounds resulting in bony fractures or with the missile "lodged in" the bone are coded as open fractures.	(pg.18)

YEAR	CHAPTER	ITEM	DISCUSSION	REFERENCE/EXAMPLE
2012	HEAD	<i>Skull Fracture</i>	The temporal bone consists of three portions, the squamous, shell-like portion that is part of the skull vault, and the mastoid and petrous portions which make up part of the skull base. In the rule box describing skull base the word "squamous" should be deleted. In the rule box describing the skull vault, the words "squamous portion only" should be inserted after the word temporal.	(p.49)
2012	HEAD	<i>DAI Rule</i>	The directions state "If coma exceeds 24 hours and diagnosis meets coding rules for DAI, use 161011.5..." The intention is to direct the coder to the Concussive Injury section on p. 51 and, if information about brainstem signs is available, any of three codes may be used 161001.5 or 161012.5 or 161013.5	(p.45)
2012	HEAD	<i>Concussion/LOC</i>	LOC must be documented by a physician, or by a Nurse Practitioner or Physician Assistant or other recognized physician extender acting on the behalf of the physician.	(p.51)
2012	HEAD	<i>LOC Codes</i>	LOC codes may be coded even in the absence of a specific diagnosis of "concussion" as long as the LOC is documented by a Physician, a Nurse Practitioner, Physician Assistant or other recognized Physician Extender action on the behalf of the Physician.	(p.51)
2012	HEAD	<i>Retroclival hematoma</i>	At this time, retroclival hematoma is not a codeable injury in AIS.	
2012	HEAD	<i>Vascular injuries</i>	<i>Vasospasm</i> is a transient occurrence that may or may not show up on imaging. It is the result of injury or insult to the artery and is not an injury in and of itself. Vasospasm cannot be coded.	(p.32)
2012	HEAD	<i>Hemorrhagic Contusion</i>	<i>(Contusional Hematoma)</i> Code as a contusion since "hemorrhagic" is the adjective describing the contusion.	(p.45)
2012	HEAD	<i>Brain Edema/Swelling</i>	The coder should use the terminology used by the loca practitioner when deciding whether to code as edema or swelling. The severities are the same for both.	(p.47)
2012	HEAD	<i>Hypoxic Brain Damage</i>	<i>Hypoxic brain damage</i> may be coded in instances where such conditions as hypovolemia or hypoxia lead to this damage and the hypoxic brain damage is not directly related to a lesion in the brain. It is possible to have hypoxic brain damage in addition to a lesion within the brain when such lesion would not cause hypoxic brain damage. (e.g. small contusions in addition to hypovolemic shock leading to hypoxic brain damage)	(p.47)
2012	HEAD	<i>Penetrating injury to Skull</i>	Any penetrating injury involving the brain stem should be coded to 140216.6 no matter how many other regions of the brain are also involved.	(p.31)

YEAR	CHAPTER	ITEM	DISCUSSION	REFERENCE/EXAMPLE
2012	HEAD	<i>Penetrating injury to Cerebellum</i>	<i>Penetrating injury to the cerebellum</i> should be measured from the surface of the cerebellum when coding it as < 2cm or ≥ 2cm. If this cannot be determined, it should be coded using the inner table of the skull.	(p.43)
2012	HEAD	<i>Penetrating injury to Cerebrum</i>	<i>Penetrating injury to the cerebrum</i> should be measured from the surface of the cerebrum when coding it as < 2cm or ≥ 2cm. If this cannot be determined, it should be coded using the inner table of the skull.	(p.47)
2012	HEAD	<i>Penetrating Injury both regions</i>	If the penetrating injury to the skull crosses both regions, defer to the "penetrating injury > 1 area rule".	(p.31)
2012	FACE	<i>Iris</i>	The <i>uvea</i> is part of the eye, consisting collectively of the iris, choroid of the eye, and the ciliary body, therefore code iris under uvea.	(p.58)
2012	FACE	<i>Mandible Fractures</i>	<i>Multiple mandible fractures</i> receive only one AIS code. The fracture should be assigned to the largest mass area of the mandible that is involved.	(p.59)
2012	FACE	<i>Orbit</i>	<i>Lamina papyracea</i> is part of the medial wall of the orbit.	
2012	FACE	<i>Complex Zygoma Fractures</i>	The anatomic area which includes the zygoma is frequently referred to as the " <i>zygomaticomaxillary complex (ZMC)</i> " or the "zygomatic complex". The correct code for this is 251800.1. Only if there are additional fracture lines through the main fragment (not minor comminution) and the fracture meets Knight North classification criteria for KN VI, should the code for complex be used. This might be described as a complex fracture of the zygomatic complex.	(p.63)
2012	FACE	<i>Panfacial</i>	Frontal bone fractures may sometimes be included in the Panfacial code and if so, should not be coded separately.	(p.63)
2012	NECK	<i>Vascular Injuries</i>	If the injury is described only as a " <i>dissection</i> " and there is no disruption to the vessel code to intimal tear, no disruption.	(p.66-67)
2012	NECK	<i>Salivary Gland: Parotid</i>	<i>Parotid gland</i> is included in this code.	(p.70)
2012	THORAX	<i>Heart</i>	Code 441012.5 "perforation, ventricular or atrial, with or without tamponade" should read "perforation, either ventricular or atrial, with or without tamponade"	(p.77) Add the word "either"
2012	THORAX	<i>Inhalation Injury</i>	<i>Inhalation codes</i> include all airway burns from mouth and nose to lungs. Do not code mouth or pharynx separately.	(p.80)
2012	THORAX	<i>Inhalation Injury</i>	<i>419200.2 "inhalation injury NFS</i> (heat, particulate matter, noxious agents)" should read "heat, particulate matter, caustic or noxious agents"	(p.80) Add the word "caustic"

YEAR	CHAPTER	ITEM	DISCUSSION	REFERENCE/EXAMPLE
2012	THORAX	<i>Hemomediastinum</i>	<i>Hemomediastinum</i> includes mediastinal contusion	(p.81)
2012	THORAX	<i>Lung Contusions/Lacerations</i>	" <i>Scattered</i> " lung contusions or lacerations should be coded to the unilateral or bilateral NFS code.	(p.78)
2012	ABDOMEN	<i>Bladder-Urinary</i>	Lacerations to the bladder wall that occur outside the peritoneal cavity (extraperitoneal) are commonly associated with a fracture of the pelvis. Lacerations to the bladder wall that occur within the peritoneal cavity (intraperitoneal) usually involve the dome of the bladder and the injury generally follows a blow to the abdomen. The following link provides excellent illustrations:	http://www.primary-surgery.org/assets/help_primarysurgery27chaptertwentyseven.pdf
2012	ABDOMEN	<i>Colon</i>	These codes include injuries to the cecum.	(p.89)
2012	ABDOMEN	<i>Duodenum</i>	Code 541021.2 "disruption < 50% circumference [OIS II]" should read "perforation, disruption < 50% circumference [OIS II]"	(p.89) add word "perforation"
2012	UP EXTREM	<i>Muscle Laceration</i>	Muscle lacerations occurring from a penetrating/external injury (from the skin down to and including the muscle) are coded to the Skin/subcutaneous/muscle section.	(p.116)
2012	UP EXTREM	<i>Muscle Tears/Avulsions</i>	Generally occurring from blunt, stretching-type trauma (sports injury) without an overlying laceration are coded to the Muscles, Tendon, Ligaments section.	(p.119)
2012	UP EXTREM	<i>Scapula</i>	<i>Fractures of the acromion</i> should be coded as 750900.2 Scapula Fracture, NFS	(p.123)
2012	UP EXTREM	<i>Humerus</i>	<i>The surgical neck of the humerus</i> is located at the junction of the proximal section and the shaft. It should be coded as 751151.2 Proximal Humerus - Extra-Articular.	https://en.wikipedia.org/wiki/Surgical_neck_of_the_humerus
2012	LOW EXTREM	<i>Muscle Laceration</i>	<i>Muscle lacerations</i> occurring from a penetrating/external injury (from the skin down to and including the muscle) are coded to the Skin/subcutaneous/muscle section.	(p.316)
2012	LOW EXTREM	<i>Muscle Tears/Avulsions</i>	Generally occurring from blunt, stretching-type trauma (sports injury) without an overlying laceration are coded to the Muscles, Tendon, Ligaments section.	(p.140)
2012	LOW EXTREM	<i>Subtrochanteric Fracture</i>	<i>Subtrochanteric fracture</i> should be coded to femur shaft fracture.	(p.147)
2012	LOW EXTREM	<i>Posterior Malleolus</i>	Code <i>posterior malleolus</i> to distal tibia.	(p.149)
2012	LOW EXTREM	<i>Pelvis</i>	<i>Malgaigne's fracture</i> is a vertical shear injury and should be assigned to the section for complete disruption of the pelvic ring.	(p.159)
2012	EXTERNAL	<i>Burns</i>	Sunburn and radiation burns are currently not a codeable injury.	(p.165)

YEAR	CHAPTER	ITEM	DISCUSSION	REFERENCE/EXAMPLE
2012	OTHER	<i>Hypothermia</i>	Code <i>hypothermia</i> to whole number temperature only: do not round up or down.	(p.167) Example: 31.7 C should be assigned to 010006.3



GENERAL - AIS 2005/2008 Update Dictionary - Clarification Document - Most Current Clarification Date At the Top

10/9/2019 15:16

YEAR	CHAPTER	ITEM	DISCUSSION	REFERENCE/EXAMPLE
2012	GENERAL	Using the Dictionary	Coding rules and box bold directives have been integrated widely into the dictionary where they apply to specific organs, structures, body regions or at the beginning of each chapter to assist with accurate coding. Coders should refer to them frequently.	(p.31) "Use one of the following two descriptors when such vague information, including traumatic brain injury or closed head injury, is the only information available. While these descriptors identify the occurrence of a head injury, they do not specify its severity."



DEFINITIONS - AIS 2005/2008 Update Dictionary - Clarification Document - Most Current Clarification Date At the Top

10/9/2019 15:16

YEAR	CHAPTER	ITEM	DISCUSSION	REFERENCE/EXAMPLE
2019	GENERAL DEFINITIONS	<i>Superficial Penetrating Injury</i>	<i>Superficial penetrating injury</i> skin/subcutaneous/muscle only without underlying organ or bony involvement. For penetrating injuries to the extremities that do not involve bone or vascular structures, code as minor injury.	
2019	GENERAL DEFINITIONS	<i>Asphyxia</i>	<i>Asphyxia</i> definition is a condition arising when the body is deprived of oxygen, causing unconsciousness or death. This is a codeable sequela.	(p.166)
2019	GENERAL DEFINITIONS	<i>Hemarthrosis</i>	<i>Hemarthrosis</i> is not a codable injury.	
2016	GENERAL DEFINITIONS	<i>Puncture Wound</i>	<i>Puncture wound</i> is caused by spearing or impalement type injuries. These should be coded as Penetrating NFS or Penetrating minor superficial	
2016	GENERAL DEFINITIONS	<i>Palsy/Paresis</i>	<i>Palsy/Paresis</i> are coded as nerve contusion.	
2016	GENERAL DEFINITIONS	<i>Paralysis/Total Loss of Function</i>	<i>Paralysis or Total Loss of Function</i> is coded as nerve laceration.	
2016	GENERAL DEFINITIONS	<i>Incomplete Transection</i>	<i>Incomplete transection</i> is the same as incomplete circumferential involvement.	
2016	GENERAL DEFINITIONS	<i>Pseudoaneurysm</i>	<i>Pseudoaneurysm</i> is coded as a minor artery laceration.	
2016	GENERAL DEFINITIONS	<i>Amputation</i>	<i>Amputation</i> is defined as "traumatic" not surgical	
2016	GENERAL DEFINITIONS	<i>Morel Lavalle Lesion</i>	<i>Morel Lavalle Lesion</i> , internal shearing or degloving injury of an extremity is coded as a degloving injury in the appropriate extremity chapter.	
2016	GENERAL DEFINITIONS	<i>Micro Fractures</i>	<i>Micro fractures</i> are not codable injuries.	
2016	GENERAL DEFINITIONS	<i>Bone Contusions</i>	<i>Bone contusions</i> are not codable injuries.	
2016	GENERAL DEFINITIONS	<i>Bone Edema</i>	<i>Bone edema</i> is not a codable injury.	

2016	GENERAL DEFINITIONS	<i>Extra-Articular</i>	<i>Extra-Articular</i> refers to a fracture with NO joint involvement.	
2016	GENERAL DEFINITIONS	<i>Partial Articular</i>	<i>Partial Articular</i> (Intra-Articular) refers to at least one fracture through the joint surface and part of the articular surface is still in continuity with the diaphysis.	Refer to drawings in the upper and lower extremity chapters
2016	GENERAL DEFINITIONS	<i>Complete Articular</i>	<i>Complete Articular</i> refers to a fracture where the articular surface is fractured AND there is no continuity with the diaphysis.	Refer to drawings in the upper and lower extremity chapters
2013	GENERAL DEFINITIONS	<i>Vessel Dissection</i>	<i>Vessel dissection</i> should be coded to intimal tear for all vessels including descriptors for carotid artery common/internal, carotid artery external and vertebral artery.	
2013	GENERAL DEFINITIONS	<i>Internal Carotid Artery</i>	<i>May refer to either AIS Head or Neck Chapters</i> . AIS Head codes 121099.3 to 121006.3 "Internal Carotid Artery" and 320099.9 to 320223.4 "Carotid Artery". When the exact location of the injury is not specified as to head or neck, code to the neck region with applicable associated detail (laceration, thrombosis, occlusion, etc.)	
2013	GENERAL DEFINITIONS	<i>External Carotid Artery</i>	<i>See also Face Chapter</i> which includes branches of the external carotid artery.	
2013	GENERAL DEFINITIONS	<i>Vertebral Artery</i>	<i>May refer to either AIS Head or Neck Chapters</i> . When the exact location of the injury is not specified as to head or neck, code to the neck region with applicable associated detail (laceration, thrombosis, occlusion, etc.)	
2012	GENERAL DEFINITIONS	<i>Peforation</i>	<i>Perforation</i> is defined as a hole or break or opening made through the entire thickness of a membrane, wall or other tissue of an organ or structure of the body.	
2012	GENERAL DEFINITIONS	<i>Rupture</i>	<i>Rupture</i> is defined as the process or instance of breaking open or bursting to forcibly disrupt tissue resulting in a hole, break or opening with stellate edges or devitalized/fragmented tissue made through the entire thickness of a membrane or other tissue of an organ or structure.	
2012	GENERAL DEFINITIONS	<i>Arch/Ring</i>	<i>Arch</i> and <i>Ring</i> may be used interchangeably when describing a portion of the vertebra or pelvis.	
2012	GENERAL DEFINITIONS	<i>Neurological Deficit</i>	<i>Neurological deficit</i> is defined as a loss or deficit in function of the nervous system that was not present pre-injury and lasts for more than a transient period (more than a few minutes).	Examples include: weakness, numbness, tingling ,mental status changes, dysfunction of language, vision, reflexes.
2012	GENERAL DEFINITIONS	<i>Laceration: Major (Complex)</i>	<i>Major (Complex)</i> laceration is defined as an injury in which the tissues are torn from a blunt or penetrating force. It must involve deeper tissues (subcutaneous tissue and possibly muscle) causing jagged or irregular edges. This type of wound, in the surviving victim, would generally require a layered closure, revision of the jagged edges or extensive cleaning or removal of debris.	

2012	GENERAL DEFINITIONS	<i>Branches of Vessels</i>	<p>Branches of vessels are not coded unless the branch has a specific anatomical name or it is included within a vessel descriptor. To assign the injury code with the descriptor '<u>and its named branches</u>', the branch must be a direct tributary of that vessel. For other specifically named vessels use the categories "other named arteries" or "other named veins".</p>	<p>Injury Example: A laceration, NFS, of the Gluteal Artery. Iliac Artery (p.84) [common, internal, external] <u>and its named branches</u>. Use code 520604.3 Laceration NFS. This is a direct tributary of the Internal Iliac Artery <u>and</u> a named arterial vessel. However, a laceration of the Iliolumbar Artery would be assigned to "other named arteris" as it is not a direct tributary of the Internal Iliac Artery.</p>
2012	GENERAL DEFINITIONS	<i>Epiphyseal</i>	<p>Epiphyseal injuries refer to educational resources, e.g. Orthopaedic Trauma Association (OTA) Fracture and dislocation classification compendium and the section for children for guidance in coding these injuries.</p>	<p>https://ota.org/research/fracture-and-dislocation-compendium</p>
2012	GENERAL DEFINITIONS	<i>Flail Chest</i>	<p>"Flail Chest" is defined as three or more adjacent ribs, each fractured in more than one location (e.g. posterolateral and anterolateral) to create a free floating segment which may or may not result in paradoxical chest movement.</p>	<p>(p.82) Correct wording in Dictionary</p>
2012	GENERAL DEFINITIONS	<i>Spine Algorithm</i>	<p>"Spine Coding Algorithm" To facilitate obtaining the correct code for spinal injuries, the following algorithm is offered:</p> <ol style="list-style-type: none"> 1) Is the spinal cord involved? 2) Is it a contusion/laceration? 3) Is the deficit transient, incomplete or complete? 4) Is there a fracture or dislocation or both? 	



10/9/2019 15:16

RULES/GUIDELINES - AIS 2005/2008 Update Dictionary - Clarification Document - Most Current Clarification Date At the Top

YEAR	CHAPTER	ITEM	DISCUSSION	REFERENCE/EXAMPLE
2019	HEAD	<i>Blood Along Tentorium</i>	Supratentorial codes to Cerebrum; Interpeduncular fossa (cistern) basal cisterns code as injury involving hemorrhage in the brainstem; "Along" the tentorium, code to supratentorial = Cerebrum.	(p.41)
2016	SPINE	<i>Spinal Cord Injury with Associated Fracture, no deficit</i>	Spinal cord injury such as compression, epidural or subdural hemorrhage associated with a fracture AND there is NO neurologic deficit, the coder must choose to either code the cord injury OR the fracture. Current rules prohibit coding both.	
2012	GENERAL	<i>Penetrating Injury to Bone</i>	Gunshot wounds resulting in bony fractures or with the missile "lodged in" the bone are coded as open fractures.	(pg.18)
2012	HEAD	<i>Skull Fracture</i>	The temporal bone consists of three portions, the squamous, shell-like portion that is part of the skull vault, and the mastoid and petrous portions which make up part of the skull base. In the rule box describing skull base the word "squamous" should be deleted. In the rule box describing the skull vault, the words "squamous portion only" should be inserted after the word temporal.	(p.49)
2012	HEAD	<i>DAI Rule</i>	The directions state " <i>If coma exceeds 24 hours and diagnosis meets coding rules for DAI, use 161011.5...</i> " The intention is to direct the coder to the Concussive Injury section on p. 51 and, if information about brainstem signs is available, any of three codes may be used 161001.5 or 161012.5 or 161013.5	(p.45)
2012	HEAD	<i>Concussion/LOC</i>	LOC must be documented by a physician, or by a Nurse Practitioner or Physician Assistant or other recognized physician extender acting on the behalf of the physician.	(p.51)
2012	HEAD	<i>LOC Codes</i>	LOC codes may be coded even in the absence of a specific diagnosis of "concussion" as long as the LOC is documented by a physician, a Nurse Practitioner, Physician Assistant or other recognized physician extender action on the behalf of the physician.	(p.51)



HEAD- AIS 2005/2008 Update Dictionary - Clarification Document - Most Current Clarification Date At the Top

10/9/2019 15:16

YEAR	CHAPTER	ITEM	DISCUSSION	REFERENCE/EXAMPLE
2019	HEAD	<i>24 Hour Statement</i>	Within the first 24 hours post injury, patients with transient signs and symptoms should be coded even if they are resolved within the 24 hour period.	(p.40)
2019	HEAD	<i>Blood Along Tentorium</i>	Supratentorial codes to Cerebrum; Interpeduncular fossa (cistern) basal cisterns code as injury involving hemorrhage in the brainstem; "Along" the tentorium, code to supratentorial = Cerebrum.	(p.41)
2019	HEAD	<i>Amnesia</i>	One symptom that can exist without a closed head injury, no AIS code.	
2019	HEAD	<i>Occipital Condyles</i>	Occipital condyles are coded to the skull base.	(p.49)
2019	HEAD	<i>Concussion</i>	Concussion must be documented in the medical record by a physician or physician extender. Recorded in PI minutes is inadequate.	
2019	HEAD	<i>Coma Modifiers</i>	For codes with coma modifiers, "not associated with coma..." = means there was documentation of coma, but it was not greater than 6 hours in duration. "Associated with coma..." = means there was documentation of coma, and it was greater than 6 hours in duration. The NFS code should be used when there is no documentation of coma with an injury that has a coma modifier.	e.g. SAH with coma 8 hours = 140695.3 SAH associated with coma > 6 hours
2016	HEAD	<i>Acute on Chronic Bleeds</i>	If the clinician does not differentiate and document the acute from chronic bleed, code as NFS in the appropriate section.	
2016	HEAD	<i>Pterygoid Plates</i>	Pterygoid Plates are part of the sphenoid bone and are coded to the base of the skull if injured in isolation. If the pterygoid plates are part of a LeFort fracture, they are NOT coded additionally as skull base fractures.	
2013	HEAD	<i>Multiple hematomas/SDH small or Large, same hemisphere</i>	When multiple small (140640.4) or large (140648.5) hematomas OR when multiple small (140652.4) or large (140656.5) SDH are diagnosed, code each individually IF they are separate and individual hematomas/bleeds of the same (unilateral) hemisphere. If both hemispheres are involved use the bilateral code.	e.g. 2 codes would be required Small (L) frontal SDH = 140652.4 Small (L) occipital SDH = 140652.4
2013	HEAD	<i>Skull Vault Fracture</i>	Skull vault fracture 150406.4 the descriptor "complex; open with torn, exposed or loss of brain tissue" is meant to read "torn dura"	(p.49)

YEAR	CHAPTER	ITEM	DISCUSSION	REFERENCE/EXAMPLE
2012	HEAD	<i>Skull Fracture</i>	The temporal bone consists of three portions, the squamous, shell-like portion that is part of the skull vault, and the mastoid and petrous portions which make up part of the skull base. In the rule box describing skull base the word "squamous" should be deleted. In the rule box describing the skull vault, the words "squamous portion only" should be inserted after the word temporal.	(p.49)
2012	HEAD	<i>DAI Rule</i>	The directions state " <i>If coma exceeds 24 hours and diagnosis meets coding rules for DAI, use 161011.5...</i> " The intention is to direct the coder to the Concussive Injury section on p. 51 and, if information about brainstem signs is available, any of three codes may be used 161001.5 or 161012.5 or 161013.5	(p.45)
2012	HEAD	<i>Concussion/LOC</i>	LOC must be documented by a physician, or by a Nurse Practitioner or Physician Assistant or other recognized physician extender acting on the behalf of the physician.	(p.51)
2012	HEAD	<i>LOC Codes</i>	LOC codes may be coded even in the absence of a specific diagnosis of "concussion" as long as the LOC is documented by a Physician, a Nurse Practitioner, Physician Assistant or other recognized Physician Extender action on the behalf of the Physician.	(p.51)
2012	HEAD	<i>Retroclival hematoma</i>	At this time, retroclival hematoma is not a codeable injury in AIS.	
2012	HEAD	<i>Vascular injuries</i>	<i>Vasospasm</i> is a transient occurrence that may or may not show up on imaging. It is the result of injury or insult to the artery and is not an injury in and of itself. Vasospasm cannot be coded.	(p.32)
2012	HEAD	<i>Hemorrhagic Contusion</i>	<i>(Contusional Hematoma)</i> Code as a contusion since "hemorrhagic" is the adjective describing the contusion.	(p.45)
2012	HEAD	<i>Brain Edema/Swelling</i>	The coder should use the terminology used by the loca practitioner when deciding whether to code as edema or swelling. The severities are the same for both.	(p.47)
2012	HEAD	<i>Hypoxic Brain Damage</i>	<i>Hypoxic brain damage</i> may be coded in instances where such conditions as hypovolemia or hypoxia lead to this damage and the hypoxic brain damage is not directly related to a lesion in the brain. It is possible to have hypoxic brain damage in addition to a lesion within the brain when such lesion would not cause hypoxic brain damage. (e.g. small contusions in addition to hypovolemic shock leading to hypoxic brain damage)	(p.47)
2012	HEAD	<i>Penetrating injury to Skull</i>	Any penetrating injury involving the brain stem should be coded to 140216.6 no matter how many other regions of the brain are also involved.	(p.31)

YEAR	CHAPTER	ITEM	DISCUSSION	REFERENCE/EXAMPLE
2012	HEAD	<i>Penetrating injury to Cerebellum</i>	<i>Penetrating injury to the cerebellum</i> should be measured from the surface of the cerebellum when coding it as < 2cm or ≥ 2cm. If this cannot be determined, it should be coded using the inner table of the skull.	(p.43)
2012	HEAD	<i>Penetrating injury to Cerebrum</i>	<i>Penetrating injury to the cerebrum</i> should be measured from the surface of the cerebrum when coding it as < 2cm or ≥ 2cm. If this cannot be determined, it should be coded using the inner table of the skull.	(p.47)
2012	HEAD	<i>Penetrating Injury both regions</i>	If the penetrating injury to the skull crosses both regions, defer to the "penetrating injury > 1 area rule".	(p.31)



FACE - AIS 2005/2008 Update Dictionary - Clarification Document - Most Current Clarification Date At the Top

10/9/2019 15:16

YEAR	CHAPTER	ITEM	DISCUSSION	REFERENCE/EXAMPLE
2019	FACE	<i>LeFort Fractures</i>	"LeFort" must be specified in the medical documentation to use the LeFort fracture codes, otherwise, code individual fractured bones.	
2019	FACE	<i>Palate Perforation</i>	Soft palate perforation code as laceration; hard palate perforation code as fracture. If palate is not specified as soft or hard, code as fracture.	
2016	FACE	<i>Caustic Injury</i>	Caustic injury to the mouth is coded as 243099.1	(p.58)
2013	FACE	<i>Retrobulbar hemorrhage</i>	Retrobulbar hemorrhage should be coded to 240499.1 - Eye, NFS	(p.56)
2013	FACE	<i>Nose amputation</i>	Nose amputation is coded as skin avulsion according to its level of severity.	(p.54)
2013	FACE	<i>Nasal Fractures, displaced</i>	Nasal fractures documented as "minimally displaced" are coded as non-displaced. Displacement must be significant.	(p.62)
2013	FACE	<i>Mandible Fractures, displaced</i>	Mandible fractures documented as "minimally displaced" are coded as non-displaced. Displacement must be significant.	(p.59)
2013	FACE	<i>LeFort Fractures</i>	LeFort fractures are coded as per the LeFort definitions. Medical documentation indicating appropriate LeFort bone fractures may qualify for LeFort fracture coding when the word "LeFort" is not explicitly used in the documentation.	(p.61)
2013	FACE	<i>Panfacial Fracture</i>	Multiple and complex bilateral fractures of the face not conforming to the standard classifications of LeFort but resulting in significant deformation and meeting the panfacial fracture definition should be coded using the panfacial codes 251900.3/251902.4.	(p.63)
2012	FACE	<i>Iris</i>	The uvea is part of the eye, consisting collectively of the iris, choroid of the eye, and the ciliary body, therefore code iris under uvea.	(p.58)
2012	FACE	<i>Mandible Fractures</i>	Multiple mandible fractures receive only one AIS code. The fracture should be assigned to the largest mass area of the mandible that is involved.	(p.59)
2012	FACE	<i>Orbit</i>	Lamina papyracea is part of the medial wall of the orbit.	

2012	FACE	<i>Complex Zygoma Fractures</i>	The anatomic area which includes the zygoma is frequently referred to as the " zygomaticomaxillary complex (ZMC) " or the "zygomatic complex". The correct code for this is 251800.1. Only if there are additional fracture lines through the main fragment (not minor comminution) and the fracture meets Knight North classification criteria for KN VI, should the code for complex be used. This might be described as a complex fracture of the zygomatic complex.	(p.63)
2012	FACE	<i>Panfacial Fracture</i>	Frontal bone fractures may sometimes be included in the panfacial code and if so, should not be coded separately.	(p.63)



NECK - AIS 2005/2008 Update Dictionary - Clarification Document - Most Current Clarification Date At the Top

10/9/2019 15:16

YEAR	CHAPTER	ITEM	DISCUSSION	REFERENCE/EXAMPLE
2019	NECK	<i>Carotid Artery Injury</i>	<i>Carotid Artery injury not specified</i> should be coded to Common Carotid Artery.	(p.66)
2019	NECK	<i>Jugular Vein Injury</i>	<i>Jugular Vein injury not specified</i> should be coded to Internal Jugular Vein.	(p.68)
2016	NECK	<i>Thrombosis (Occlusion)</i>	<i>Thrombosis (occlusion) secondary to trauma from any lesion but laceration</i> (under carotid artery, internal, and external, and vertebral artery) refers to the sequela of blunt trauma to neck.	Example: seatbelt injury
2012	NECK	<i>Vascular Injuries</i>	If the injury is described only as a " <i>dissection</i> " and there is no disruption to the vessel code to intimal tear, no disruption.	(p.66-67)
2012	NECK	<i>Salivary Gland: Parotid</i>	<i>Parotid gland</i> is included in this code.	(p.70)



THORAX - AIS 2005/2008 Update Dictionary - Clarification Document - Most Current Clarification Date At the Top

10/9/2019 15:16

YEAR	CHAPTER	ITEM	DISCUSSION	REFERENCE/EXAMPLE
2016	THORAX	<i>Persistent Air Leak</i>	<i>Persistent Air Leak</i> (442203.4) is described as an air leak in the thorax that lasts for more than 48 hours, which represents a more severe injury than a simple pneumothorax.	(p.81)
2016	THORAX	<i>Intracardiac Septum</i>	<i>Intracardiac Septum</i> may also be identified as "intraventricular" septum.	(p.78)
2016	THORAX	<i>Flail Chest</i>	<i>Flail chest with additional but separate rib fractures on the same side</i> is coded to the more severe injury, the flail chest, and the additional rib fractures on the same side are not coded.	(p.82)
2013	THORAX	<i>Skin/subcutaneous/muscle injuries : Degloving</i>	" <i>Degloving</i> " should be coded as avulsion.	(p.72)
2013	THORAX	<i>Intracardiac chordae tendinae</i>	Code 440400.5 includes papillary muscle injury.	(p.78)
2013	THORAX	<i>Thoracic injuries</i>	The 1,000cc blood loss descriptor is meant to indicate blood loss of 20% in the individual. When coding pediatric or other individuals with smaller blood volumes, use 20% blood loss parameter instead of 1,000cc.	(p.81)
2013	THORAX	<i>Thoracic injury NFS</i>	442299.9 refers to Thoracic cavity injury.	(p.81)
2013	THORAX	<i>Traumatic Pneumatocele</i>	This is a sequela resulting from injury and cannot be coded at this time. Documentation of specific pulmonary injury should be pursued.	
2012	THORAX	<i>Heart</i>	Code 441012.5 "perforation, ventricular or atrial, with or without tamponade" should read "perforation, either ventricular or atrial, with or without tamponade"	(p.77) Add the word "either"
2012	THORAX	<i>Inhalation Injury</i>	<i>Inhalation codes</i> include all airway burns from mouth and nose to lungs. Do not code mouth or pharynx separately.	(p.80)
2012	THORAX	<i>Inhalation Injury</i>	<i>419200.2 "inhalation injury NFS</i> (heat, particulate matter, noxious agents)" should read "heat, particulate matter, caustic or noxious agents"	(p.80) Add the word "caustic"
2012	THORAX	<i>Hemomediastinum</i>	<i>Hemomediastinum</i> includes mediastinal contusion	(p.81)

YEAR	CHAPTER	ITEM	DISCUSSION	REFERENCE/EXAMPLE
2012	THORAX	<i>Lung Contusions/Lacerations</i>	<i>"Scattered"</i> lung contusions or lacerations should be coded to the unilateral or bilateral NFS code.	(p.78)



ABDOMEN - AIS 2005/2008 Update Dictionary - Clarification Document - Most Current Clarification Date At the Top

10/9/2019 15:16

YEAR	CHAPTER	ITEM	DISCUSSION	REFERENCE/EXAMPLE
2016	ABDOMEN	<i>Hemoperitoneum</i>	<i>Hemoperitoneum</i> is a sequela and is not a codeable injury.	
2016	ABDOMEN	<i>Serosal Tear</i>	<i>Serosal tear</i> is coded as a partial thickness injury.	
2013	ABDOMEN	<i>Skin/subcutaneous/muscle in</i>	"Degloving" should be coded as avulsion.	(p.83)
2012	ABDOMEN	<i>Bladder-Urinary</i>	Lacerations to the bladder wall that occur outside the peritoneal cavity (extraperitoneal) are commonly associated with a fracture of the pelvis. Lacerations to the bladder wall that occur within the peritoneal cavity (intraperitoneal) usually involve the dome of the bladder and the injury generally follows a blow to the abdomen. The following link provides excellent illustrations.	http://www.primary-surgery.org/assets/help_primarysurgery27chaptertwentyseven.pdf
2012	ABDOMEN	<i>Colon</i>	These codes include injuries to the cecum.	(p.89)
2012	ABDOMEN	<i>Duodenum</i>	Code 541021.2 "disruption < 50% circumference [OIS II]" should read "perforation, disruption < 50% circumference [OIS II]"	(p.89) add word "perforation"



SPINE - AIS 2005/2008 Update Dictionary - Clarification Document - Most Current Clarification Date At the Top

10/9/2019 15:16

YEAR	CHAPTER	ITEM	DISCUSSION	REFERENCE/EXAMPLE
2016	SPINE	<i>Pars Interarticularis</i>	<i>Pars interarticularis</i> is located between the lamina and the pedicle anatomically and should be coded as pedicle. Previous teaching of coding this to LAMINA has been changed per recent Neurosurgery input.	
2013	SPINE	<i>Cauda equina laceration</i>	<i>Cauda equina injuries</i> described as laceration should be coded under cauda equina contusion.	(p.109)
2013	SPINE	<i>Lateral mass fracture</i>	<i>Lateral mass fractures</i> should be coded as pedicle fractures	(p.104)



10/9/2019 15:16

UP.EXTREMITY - AIS 2005/2008 Update Dictionary - Clarification Document - Most Current Clarification Date At the Top

YEAR	CHAPTER	ITEM	DISCUSSION	REFERENCE/EXAMPLE
2019	UP EXTREM	<i>Rotator Cuff</i>	<i>Rotator cuff</i> should be assigned to Shoulder, Glenohumeral Joint, NFS (771099.1)	(p.121)
2016	UP EXTREM	<i>Digital Vessels</i>	<i>Digital vessels</i> are included in "other named vessels"	
2016	GENERAL DEFINITION	<i>Amputation</i>	<i>Amputation</i> is defined as "traumatic" not surgical	
2016	GENERAL DEFINITION	<i>Morel Lavalle Lesion</i>	<i>Morel Lavalle Lesion</i> , internal shearing or degloving injury of an extremity is coded as a degloving injury in the appropriate extremity chapter.	
2016	GENERAL DEFINITION	<i>Micro Fractures</i>	<i>Micro fractures</i> are not a codeable injuries.	
2016	GENERAL DEFINITION	<i>Bone Contusions</i>	<i>Bone contusions</i> are not a codeable injuries.	
2016	GENERAL DEFINITION	<i>Bone Edema</i>	<i>Bone edema</i> is not a codeable injury.	
2016	GENERAL DEFINITION	<i>Extra-Articular</i>	<i>Extra-Articular</i> refers to a fracture with NO joint involvement.	
2016	GENERAL DEFINITION	<i>Partial Articular</i>	<i>Partial Articular</i> (Intra-Articular) refers to at least one fracture through the joint surface and part of the articular surface is still in continuity with the diaphysis.	Refer to drawings in the upper and lower extremity chapters
2016	GENERAL DEFINITION	<i>Complete Articular</i>	<i>Complete Articular</i> refers to a fracture where the articular surface is fractured AND there is no continuity with the diaphysis.	Refer to drawings in the upper and lower extremity chapters
2013	UP EXTREM	<i>Ligament injuries</i>	<i>Ligament injuries to named ligaments</i> in the upper extremity should be coded as a sprain in the associated joint.	
2012	UP EXTREM	<i>Muscle Laceration</i>	<i>Muscle lacerations</i> occurring from a penetrating/external injury (from the skin down to and including the muscle) are coded to the Skin/subcutaneous/muscle section.	(p.116)

UP.EXTREMITY - AIS 2005/2008 Update Dictionary - Clarification Document - Most Current Clarification Date At the Top

YEAR	CHAPTER	ITEM	DISCUSSION	REFERENCE/EXAMPLE
2012	UP EXTREM	<i>Muscle Tears/Avulsions</i>	<i>Muscle tears/avulsions</i> generally occurring from blunt, stretching-type trauma (sports injury) without an overlying laceration are coded to the Muscles, Tendon, Ligaments section.	(p.119)
2012	UP EXTREM	<i>Acromion</i>	<i>Fractures of the acromion</i> should be coded as 750900.2 Scapula Fracture, NFS	(p.123)
2012	UP EXTREM	<i>Humerus</i>	<i>The surgical neck of the humerus</i> is located at the junction of the proximal section and the shaft. It should be coded as 751151.2 Proximal Humerus - Extra-Articular.	https://en.wikipedia.org/wiki/Surgical_neck_of_the_humerus



10/9/2019 15:16

LOW.EXTREMITY - AIS 2005/2008 Update Dictionary - Clarification Document - Most Current Clarification Date At the Top

YEAR	CHAPTER	ITEM	DISCUSSION	REFERENCE/EXAMPLE
2016	LOW EXTREM	<i>Hip Fracture</i>	" <i>Hip Fracture</i> " simply stated with no other description is coded as a proximal femur fracture (853111.3)	(p.147)
2016	LOW EXTREM	<i>Slipped Epiphysis</i>	<i>Slipped Epiphysis</i> in children is coded as a femur neck fracture (853161.3)	(p.147)
2016	GENERAL DEFINITION	<i>Amputation</i>	<i>Amputation</i> is defined as "traumatic" not surgical	
2016	GENERAL DEFINITION	<i>Morel Lavalle Lesion</i>	<i>Morel Lavalle Lesion</i> , internal shearing or degloving injury of an extremity is coded as a degloving injury in the appropriate extremity chapter.	
2016	GENERAL DEFINITION	<i>Micro Fractures</i>	<i>Micro fractures</i> are not a codeable injuries.	
2016	GENERAL DEFINITION	<i>Bone Contusions</i>	<i>Bone contusions</i> are not a codeable injuries.	
2016	GENERAL DEFINITION	<i>Bone Edema</i>	<i>Bone edema</i> is not a codeable injury.	
2016	GENERAL DEFINITION	<i>Extra-Articular</i>	<i>Extra-Articular</i> refers to a fracture with NO joint involvement.	
2016	GENERAL DEFINITION	<i>Partial Articular</i>	<i>Partial Articular</i> (Intra-Articular) refers to at least one fracture through the joint surface and part of the articular surface is still in continuity with the diaphysis.	Refer to drawings in the upper and lower extremity chapters
2016	GENERAL DEFINITION	<i>Complete Articular</i>	<i>Complete Articular</i> refers to a fracture where the articular surface is fractured AND there is no continuity with the diaphysis.	Refer to drawings in the upper and lower extremity chapters
2013	LOW EXTREM	<i>Foot Dislocations</i>	<i>Foot dislocations</i> include talonavicular, calcaneocuboid, talocalcaneal and metatarsal-phalangeal dislocations.	
2013	LOW EXTREM	<i>Knee Joint Dislocation</i>	<i>Knee joint dislocation</i> 874030.2 includes patellar dislocation (knee joint consists of proximal tibia, distal femur and patella)	(p.141)
2013	LOW EXTREM	<i>Distal Tibia Fracture</i>	<i>Distal tibia fracture</i> includes isolated or associated posterior malleolus.	(p.149)
2013	LOW EXTREM	<i>Pelvic Ring Fracture</i>	<i>Pelvic ring fracture</i> includes "pelvic ring dislocation"	(p.159)
2013	LOW EXTREM	<i>Pelvic Fracture With Hematoma</i>	Incomplete or Complete disruption with blood loss	(p.159)

LOW.EXTREMITY - AIS 2005/2008 Update Dictionary - Clarification Document - Most Current Clarification Date At the Top

YEAR	CHAPTER	ITEM	DISCUSSION	REFERENCE/EXAMPLE
			Blood loss ≤20% by volume may be used for documented small/moderate pelvic hematoma Blood loss >20% by volume may be used for documented large/extensive pelvic hematoma.	
2012	LOW EXTREM	<i>Muscle Laceration</i>	<i>Muscle lacerations</i> occurring from a penetrating/external injury (from the skin down to and including the muscle) are coded to the Skin/subcutaneous/muscle section.	(p.316)
2012	LOW EXTREM	<i>Muscle Tears/Avulsions</i>	Generally occurring from blunt, stretching-type trauma (sports injury) without an overlying laceration are coded to the Muscles, Tendon, Ligaments section.	(p.140)
2012	LOW EXTREM	<i>Subtrochanteric Fracture</i>	<i>Subtrochanteric fracture</i> should be coded to femur shaft fracture	(p.147)
2012	LOW EXTREM	<i>Posterior Malleolus</i>	Code <i>posterior malleolus</i> to distal tibia	(p.149)
2012	LOW EXTREM	<i>Pelvis</i>	<i>Malgaigne's fracture</i> is a vertical shear injury and should be assigned to the section for complete disruption of the pelvic ring.	(p.159)

LOW.EXTREMITY - AIS 2005/2008 Update Dictionary - Clarification Document - Most Current Clarification Date At the Top

YEAR	CHAPTER	ITEM	DISCUSSION	REFERENCE/EXAMPLE
------	---------	------	------------	-------------------

2013 - Pelvic Ring Fracture Stability and Medical Documentation / AIS Code Applicability

STABLE	PARTIALLY UNSTABLE	TOTALLY UNSTABLE
Isolated simple fracture of: Pubic ramus Ilium Ischium Sacral ala	Wide symphysis pubis Separation (>2.5cm)	Pubic ramus fracture with sacroiliac fracture/dislocation
Transverse fracture of sacrum and coccyx - with or without sacrococcygeal dislocation	Anterior compression fracture of sacrum	Fracture involving posterior arch with complete loss of posterior osteoligamentous integrity
Minor symphysis pubis separation (<2.5cm)	Fracture involving posterior arch with posterior ligamentous integrity partially maintained	Fracture involving posterior arch with pelvic floor disruption
Tile Classification - A	Fracture involving posterior arch, but pelvic floor intact	Tile Classification - C
OTA Classification - A	Bilateral fractures with posterior ligamentous integrity partially maintained	OTA Classification - C
Young/Burgess Classification - AP1	Tile Classification - B OTA Classification - B	Young/Burgess Classification - LC3, AP3 and VS Vertical Shear Malgaigne Fracture
	Young/Burgess Classification - LC1, LC2, AP2	Sacroiliac joint with posterior disruption
	Sacroiliac joint with anterior disruption	
	"Open book" fracture <2.5cm	

2013 - Acetabular Fractures

PARTIAL ARTICULAR One Column	PARTIAL ARTICULAR Transverse	COMPLETE ARTICULAR Both Columns
Posterior Wall	Transverse	Both Columns
Posterior Column	T-Shpaed	
Anterior Column	Anterior Column, Posterior Hemitransverse	
Anterior Wall	Transverse with Posterior Wall	
Posterior Column with Posterior Wall	Transverse with Posterior Wall	



EXTERNAL - AIS 2005/2008 Update Dictionary - Clarification Document - Most Current Clarification Date At the Top

10/9/2019 15:16

YEAR	CHAPTER	ITEM	DISCUSSION	REFERENCE/EXAMPLE
2019	EXTERNAL	<i>Skin Tears</i>	<i>Skin tears</i> are coded as a laceration to the appropriate location on the patient and assigned to the External ISS body region for calculating an ISS.	
2012	EXTERNAL	<i>Burns</i>	<i>Sunburn and radiation burns</i> are currently not a codeable injury.	(p.165)



OTHER - AIS 2005/2008 Update Dictionary - Clarification Document - Most Current Clarification Date At the Top

10/9/2019 15:16

YEAR	CHAPTER	ITEM	DISCUSSION	REFERENCE/EXAMPLE										
2019	OTHER	<i>Hanging/Drowning Deaths</i>	<i>Hanging/Drowning deaths</i> with medical examiner's diagnosis counts as "cardiac arrest documented by medical personnel".	(p.166)										
2019	OTHER	<i>Hypothermia</i>	<p><i>Hypothermia</i> is coded in whole number temperature only; do not round up or down. Codes for Farenheit are:</p> <table border="1"> <tr><td>010002.1</td><td>95-93 F</td></tr> <tr><td>010004.2</td><td>92-90 F</td></tr> <tr><td>010006.3</td><td>89-86 F</td></tr> <tr><td>010008.4</td><td>85-82 F</td></tr> <tr><td>010010.5</td><td><82 F</td></tr> </table>	010002.1	95-93 F	010004.2	92-90 F	010006.3	89-86 F	010008.4	85-82 F	010010.5	<82 F	(p.167)
010002.1	95-93 F													
010004.2	92-90 F													
010006.3	89-86 F													
010008.4	85-82 F													
010010.5	<82 F													
2016	OTHER	<i>Caustic Injury</i>	<i>Caustic injury</i> (040099.9) is only used if the specific location is not known.	(p.166)										
2013	OTHER	<i>Caustic Agents</i>	<i>Caustic agents</i> includes noxious agents.	(p.166)										
2013	OTHER	<i>Carbon Monoxide Poisoning</i>	<i>Carbon monoxide poisoning</i> is not an injury, therefore it is not coded.											
2013	OTHER	<i>Asphyxia/Suffocation</i>	<i>Asphyxia/Suffocation</i> AIS Code 020006.5	(p.166)										
2013	OTHER	<i>Drowning</i>	<i>Drowning</i> AIS Code 060006.5	(p.166)										
2013	OTHER	<i>Electical Injury</i>	<i>Electrical Injury</i> AIS Code 080004.5 - "with cardiac arrest documented by medical personnel" includes documentation from EMS or pre-hospital personnel.	(p.166)										
2012	OTHER	<i>Hypothermia</i>	Code <i>hypothermia</i> to whole number temperature only: do not round up or down.	(p.167) Example: 31.7 C should be assigned to 010006.3										



CHARTS/TABLES - AIS 2005/2008 Update Dictionary - Clarification Document - Most Current Clarification Date At the Top

10/9/2019 15:16

2013 - Pelvic Ring Fracture Stability and Medical Documentation / AIS Code Applicability

STABLE	PARTIALLY UNSTABLE	TOTALLY UNSTABLE
Isolated simple fracture of: Pubic ramus Ilium Ischium Sacral ala	Wide symphysis pubis Separation (>2.5cm)	Pubic ramus fracture with sacroiliac fracture/dislocation
Transverse fracture of sacrum and coccyx - with or without sacrococcygeal dislocation	Anterior compression fracture of sacrum	Fracture involving posterior arch with complete loss of posterior osteoligamentous integrity
Minor symphysis pubis separation (<2.5cm)	Fracture involving posterior arch with posterior ligamentous integrity partially maintained	Fracture involving posterior arch with pelvic floor disruption
Tile Classification - A	Fracture involving posterior arch, but pelvic floor intact	Tile Classification - C
OTA Classification - A	Bilateral fractures with posterior ligamentous integrity partially maintained	OTA Classification - C
Young/Burgess Classification - AP1	Tile Classification - B	Young/Burgess Classification - LC3, AP3 and VS
	OTA Classification - B	Vertical Shear Malgaigne Fracture
	Young/Burgess Classification - LC1, LC2, AP2	Sacroiliac joint with posterior disruption
	Sacroiliac joint with anterior disruption	
	"Open book" fracture <2.5cm	

2013 - Acetabular Fractures

PARTIAL ARTICULAR One Column	PARTIAL ARTICULAR Transverse	COMPLETE ARTICULAR Both Columns
Posterior Wall	Transverse	Both Columns
Posterior Column	T-Shpaed	
Anterior Column	Anterior Column, Posterior Hemitransverse	
Anterior Wall	Transverse with Posterior Wall	
Posterior Column with Posterior Wall	Transverse with Posterior Wall	