

4D.

## INJURY-RELATED INPATIENT DISCHARGES AND EMERGENCY ROOM VISITS BY INTENT AND MECHANISM OF INJURY

Prior to 2009, injury hospitalizations and injury-related emergency room visits were defined here through the range of ICD-9-CM codes 800-999 used as <a href="mailto:the-first-listed diagnosis">the first-listed diagnosis</a>. In addition, the supplementary classification of external causes of injury and poisoning (ICD-9-CM codes E800-E999) is used to permit the classification of environmental events, circumstances, and conditions as the cause of injury, poisoning, and other adverse effects. The "E" code classification is used to describe both the *mechanism* of external cause of injury (e.g., motor vehicle traffic, fall, poisoning), but also the manner or *intent* of the injury (e.g., suicide, assault, accident).

In 2009, the reporting requirements for hospitals were revised and the <u>non-injury first-listed diagnoses may also have an external cause of injury code</u>. Beginning with the 2009 edition of this report, the reader is advised that the number of suicides, accidents, etc. shown in **Table 4D-1** and **Table 4D-2** no longer reflect only those where the principal diagnosis was an injury. To continue to do so would only mean undercounting the external causes of injury. As an example, in 2009 forward, among the suicide attempt-related ER visits, *injury and poisoning, mental disorders, chronic disease, infectious disease*, or *ill-defined conditions* were identified as the first-listed diagnosis.