

Injury Coding and minor injuries– *briefing note*

Purpose

The purpose of this briefing note is to provide a response to the following question and information gap, submitted by the Citizens' Jury:

- *What system is used for the classification of injury?*
- *Definition of a minor injury from an insurance company*

Overview

Injury coding is an organised way of systematically collecting information needed to rank injury by severity to its importance to the whole body.

The ACT uses the Abbreviated Injury Scale (AIS) 2005 to classify motor accident injuries. The AIS was developed in the United States specifically for assessing motor vehicle injuries and is used nationally (NSW, QLD and SA) and internationally.

The AIS is an anatomically-based, consensus-derived, global severity scoring system that classifies each injury by body region according to its relative importance on a 6-point scale:

1 – Minor	4 – Severe
2 – Moderate	5 – Critical
3 – Serious	6 - Maximum

The numerical coding of injuries is a regulatory reporting requirement for insurers. Claims must be coded at lodgement and immediately prior to finalisation.

Process for coding injuries

What is an injury code and how do you work it out?

An injury code is a seven-digit number which has two components: (1) is a six-digit number which is a code representing the specific anatomical injury and (2) is the severity score. The following describes how the code is formed:

- Body region - 1 digit (there are 9 body regions)
- Type of anatomic structure - 1 digit
- Specific anatomic structure - 2 digits
- Level (eg. fracture, rupture, abrasion) - 2 digits
- Severity of injury - 1 digit

The last number in the code (severity) is the AIS number. Severity is not arbitrarily (or subjectively) decided by the person coding the injury but is a number that was developed by consensus by a group of medical specialists. In

determining the AIS for each injury type specialists considered the threat to life, the risk of permanent impairment and likely treatment period.

For example, a simple fracture to the humerus shaft would be coded as follows:

Body region (1)	Type of anatomic structure (2)	Specific anatomic structure (3,4)	Level (5,6)	Severity (7)
Upper extremity	Skeletal injury	Humerus	Fracture type	Moderate severity
7	5	12	51	2

What other rules are there for coding injuries?

The following rules also apply when injuries are coded:

- Injuries must be diagnosed by a medical practitioner
- Injuries must be substantiated by radiology or other forms of diagnostics
- Only reported injuries are coded with AIS – not outcomes or complications, e.g. outcome of a surgery or an infection

Injury code examples

The table below provides examples of some of the more common injury codes and demonstrates what constitutes a “minor injury”.

Minor injuries		
Injury Code	Injury description	Which means.....
6402781	Cervical Spine – Strain, Acute, With No Fracture or dislocation	Injury to the muscles or ligaments of the neck with no fracture or dislocation
6406781	Lumbar Spine - Strain, Acute With No Fracture Or Dislocation	Injury to the muscles or ligaments of the lower back with no fracture or dislocation
6404781	Thoracic Spine - Strain, Acute With No Fracture Or Dislocation	Injury to the muscles or ligaments of the mid back with no fracture or dislocation
8104021	Lower Extremity - Skin/Subcutaneous/Muscle Contusion, Hematoma	Grazing, bruising, cuts, abrasions, torn muscles and tendons and dislocations to feet, ankles, knees and hips
4104021	Thorax - Skin/Subcutaneous/Muscle Contusion, Hematoma	Grazing, bruising, cuts, abrasions, torn muscles and tendons and dislocations to chest
9104001	External (Skin) & Thermal Injuries - Soft Tissue Injury Contusion, Hematoma	Grazing, bruising, cuts, abrasions, burns.
Moderate injury		
4508042	Thorax - Sternum Fracture	Fractured sternum (breastbone)
Serious injury		
4502033	Rib Cage Fracture/S W/Out Flail, Any Location Unilateral/Bilateral - >=3 Ribs	3 or more fractured ribs on either side which don't cause breathing difficulty.