

Washington State Trauma Registry Inclusion Criteria

(Effective October 1, 2015)

Data must be reported to the Washington Trauma Registry (WTR) for all patients with a discharge ICD-10-CM diagnosis code of:

- S00-S99 with seventh character extensions of **A**, **B**, or **C** only. (Injuries to specific body parts – initial encounter)
- T07 (unspecified multiple injuries)
- T14 (injury of unspecified body region)
- T20-T28 with seventh character extension of **A** only (burns by specific body parts – initial encounter)
- T30-T32 (burn by total body surface area (TBSA) percentages)
- T75.1 (drowning), T71 (asphyxiation), T75.4 (electrocution)

And

Any one or more of the following:

- All patients for whom the full or modified trauma resuscitation team was activated; or
- All trauma patients who were dead on arrival at your facility; or
- All trauma patients who died in your facility; or
- All trauma patients transferred out to another facility by EMS/ambulance; or
- All trauma patients transferred in from another facility by EMS/ambulance; or
- All trauma patients flown from the scene to your facility; or
- All pediatric (age 0-14) trauma patients admitted to your facility; or
- All adult (age 15 plus) trauma patients admitted to your facility with length-of-stay more than two days (48 hours)

Note: The diagnosis codes above include all subcodes; e.g., S06 includes S06.1 (traumatic cerebral edema) and subcode S06.1X0 (traumatic cerebral edema without LOC).

- **Hip/Femur Fractures:** While isolated hip fractures/femoral neck fractures (ICD-10-CM S72) with no other significant injuries noted) in elderly patients are included in registry requirements, WAC 246-976-420, the department does not require you to report these injuries in patients 65 and older.
- **Foreign Bodies:** Patients with diagnoses of foreign bodies (ICD-10-CM T15-T19) are required to be included in the registry **only if** there is a resulting injury. In these cases, the resulting injury should be coded in addition to the foreign body.
- **Transfers:** Patients sent from one hospital to another hospital via private vehicle (non-ambulance) are not considered transfers for the purpose of inclusion. It is expected that patients with serious injuries will be transferred via ambulance, and that private vehicles are used only for patients with minor injuries.
- **Admitted:** Patients moved from the emergency department (includes observation units and short stay units) to any bed in the hospital are considered admitted to the facility.
- **Readmissions:** Readmission records are required if a patient is discharged home from the emergency department or inpatient care area and is subsequently admitted for a missed injury/diagnosis from the same injury causing event; both records should be included. The Trauma Registry does not require readmission records for the same injury if the readmission is for non-acute follow-up care. Character extension should still be either A, B, or C.

- **Character Extensions:** refers to the ICD-10-CM seventh character requirement in the diagnosis code (A-C below) for example, fracture of unspecified neck of left femur S72.002__.
A – initial encounter (for example, contusion of right front wall of thorax S20.211A)
B – initial encounter open fracture (for example, fracture upper end right tibia S82.101B)
C – initial encounter open fracture type IIIA, IIIB, IIIC. (for example, displaced fracture left tibial spine S82.112C)
X – placeholder for the sixth digit (for example, burn of third degree of head unspecified site T20.30XA)

Trauma services may include additional patients who do not meet the state inclusion criteria. However, hospital comparative reports, regional quality improvement reports, and other state-prepared reports will reflect only records that meet the state criteria. This helps assure comparability across facilities and regions.

A detailed list of the discharge diagnosis codes for registry inclusion is provided below. Refer to the [ICD-10-CM Tabular List \(Ch 19 and 20\)](#) for all subcode detail. **Required ICD-10-CM Injury Diagnoses:**

S00-S09 Injuries to the head includes:

- injuries of ear
- injuries of eye
- injuries of face [any part]
- injuries of gum
- injuries of jaw
- injuries of oral cavity
- injuries of palate
- injuries of periorbital area
- injuries of scalp
- injuries of temporomandibular joint area
- injuries of tongue
- injuries of tooth

S10-S19 Injuries to the neck includes:

- injuries of nape
- injuries of supraclavicular region
- injuries of throat

S20-S29 Injuries to the thorax includes:

- injuries of breast
- injuries of chest (wall)
- injuries of interscapular area

S30-S39 Injuries to the abdomen, lower back, lumbar spine, pelvis and external genitals includes:

- injuries to the abdominal wall
- injuries to the anus
- injuries to the buttock
- injuries to the external genitalia
- injuries to the flank
- injuries to the groin

S40-S49 Injuries to the shoulder and upper arm includes:

- injuries of axilla
- injuries of scapular region

S50-S59 Injuries to the elbow and forearm

S60-S69 Injuries to the wrist, hand and fingers

S70-S79 Injuries to the hip and thigh

S80-S89 Injuries to the knee and lower leg

S90-S99 Injuries to the ankle and foot

T07 Injuries involving multiple body regions

T14 Injury of unspecified body region

T20-T25 Burns and corrosions of external body surface, specified by site

T26-T28 Burns and corrosions confined to eye and internal organs

T30-T32 Burns and corrosions of multiple and unspecified body regions

T75.1 Drowning

T71 Asphyxiation

T75.4 Electrocution

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Does the patient have a discharge diagnosis (ICD10-CM) code of: S00-S99 with 7th character modifiers of A, B, or C ONLY, T07, T14 (injury of unspecified body region), T20-T28 with 7th character modifier of A ONLY, T30-T32 (burn by total body surface area (TBSA) percentages), T75.1 (drowning), T71 (asphyxiation), or T75.4 (electrocution)?

