

Washington State Trauma Registry Inclusion Criteria

(Effective May 1, 2019)

1. Data must be reported to the Washington Trauma Registry (WTR) in accordance with WAC 246-976-420 for all injured patients meeting the following criteria.

One or more of the following ICD-10-CM injury diagnosis codes:

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

And one or more of the following:

- g. All patients for whom the full or modified trauma resuscitation team was activated; or
- h. All trauma patients who were dead on arrival at your facility; or
- i. All trauma patients who died in your facility; or
- j. All trauma patients transferred out to another facility by EMS/ambulance; or
- k. All trauma patients transferred in from another facility by EMS/ambulance; or
- l. All trauma patients flown from the scene to your facility; or
- m. All pediatric (age 0-14) trauma patients admitted to your facility; or
- n. All adult (age 15 plus) trauma patients admitted to your facility with length-of-stay more than one day (24-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).

2. Hip/Femur Fractures: While isolated hip fractures/femoral neck fractures (ICD-10-CM S72.0 – S72.2) may meet the registry inclusion criteria, trauma services are not required to report them in patients ≥ 65 years old with no other significant injuries.

3. 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.

4. 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.

5. Admitted: Patients moved from the emergency department to any bed in the hospital (including observation units and short stay units) are considered admitted to the facility. Patients with admission orders boarding in the emergency department are considered admitted. The admission start time is based on the admit order date/time. Patients with a primary medical diagnosis as rationale for admission with an associated superficial injury (see ICD-10 superficial codes page 2.) do not meet the registry inclusion criteria (1. m-n above) and are not required to be entered into the registry.

6. 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 WTR 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.

7. 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)

8. 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.

9. 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 periorcular 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 Electrocutation

Superficial Injury Codes:

- S00 (Superficial injuries of the head)
- S10 (Superficial injuries of the neck)
- S20 (Superficial injuries of the thorax)
- S30 (Superficial injuries of the abdomen, pelvis, lower back and external genitals)
- S40 (Superficial injuries of shoulder and upper arm)
- S50 (Superficial injuries of elbow and forearm)
- S60 (Superficial injuries of wrist, hand and fingers)
- S70 (Superficial injuries of hip and thigh)
- S80 (Superficial injuries of knee and lower leg)
- S90 (Superficial injuries of ankle, foot and toes)

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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)?

