

## ICD Codes

In the U.S., “intervention” is a Civil Law procedure where someone not currently part of a case can join the case to make sure their interests get fairly represented.

[2020 ICD-10-CM External Causes Index](#)

['B' Terms](#)

Index Terms Starting With 'B' (Beheading)

Index Terms Starting With 'B' (Beheading)

Beheading (by guillotine)

- homicide [X99.9](#)
- legal execution - see [Legal, intervention](#)
- Y35.93XA is a billable/specific ICD-10-CM code that can be used to indicate a diagnosis for reimbursement purposes.
- Short description: Legal intervention, means unsp, suspect injured, init encntr
- The 2020 edition of ICD-10-CM Y35.93XA became effective on October 1, 2019.

[ICD-10-CM Codes](#)

[V00-Y99](#) Legal intervention, operations of war, military operations, and terrorism

Legal intervention, operations of war, military operations, and terrorism Y35-Y38

Legal intervention, operations of war, military operations, and terrorism Y35-Y38  
Codes

[Y35](#)

Legal intervention

[Y36](#)

Operations of war

[Y37](#)

Military operations

[Y38](#)

Terrorism

**Euthanizing with poison only takes 2 doctors in agreement.**

[Home](#) > [2013 ICD-9-CM Diagnosis Codes](#) > [Supplementary Classification Of External Causes Of Injury And Poisoning E000-E999](#) > [Legal Intervention E970-E979](#) > [Legal execution E978-](#)

▶ 2013 ICD-9-CM Diagnosis Code E978

Legal execution

- ICD-9-CM E978 is a billable medical code that can be used to indicate a diagnosis on a reimbursement claim, however, E978 should only be used for claims with a date of service on or before September 30, 2015. For claims with a date of service on or after October 1, 2015, use an equivalent [ICD-10-CM code](#) (or codes).
- E978 describes the circumstance causing an injury, not the nature of the injury.
- You are viewing the 2013 version of ICD-9-CM E978.
- More recent version(s) of ICD-9-CM E978: [2014](#) [2015](#).
- No ICD-10-CM code(s) convert to ICD-9-CM E978

#### Applies To

- All executions performed at the behest of the judiciary or ruling authority [whether permanent or temporary] as:
  - asphyxiation by gas
  - beheading, decapitation (by guillotine)
  - capital punishment
  - electrocution
  - hanging
  - poisoning
  - shooting
  - other specified means

#### [Y37.45](#) Military operations involving combat using blunt or piercing object

- [Y37.46](#) Military operations involving intentional restriction of air and airway
- [Y37.6X1](#) Military operations involving biological weapons, civilian
- [Y36.211](#) War operations involving explosion of aerial bomb, civilian
- [Y36.3](#) War operations involving fires, conflagrations and hot substances
- [Y36.32](#) War operations involving incendiary bullet

#### Index Terms Starting With 'L' (Legal)

##### Legal

- execution (any method) - see [Legal, intervention](#)
- intervention (by)
  - baton - see [Legal, intervention, blunt object, baton](#)
  - bayonet - see [Legal, intervention, sharp object, bayonet](#)
  - blow - see [Legal, intervention, manhandling](#)
  - blunt object
    - baton
    - injuring
      - bystander [Y35.312](#)
      - law enforcement personnel [Y35.311](#)
      - suspect [Y35.313](#)
- unspecified person [Y35.319](#)

- injuring
  - bystander [Y35.302](#)
  - law enforcement personnel [Y35.301](#)
  - suspect [Y35.303](#)
  - unspecified person [Y35.309](#)
- specified NEC
  - injuring
    - bystander [Y35.392](#)
    - law enforcement personnel [Y35.391](#)
    - suspect [Y35.393](#)
    - unspecified person [Y35.399](#)
- stave
  - injuring
    - bystander [Y35.392](#)
    - law enforcement personnel [Y35.391](#)
    - suspect [Y35.393](#)
    - unspecified person [Y35.399](#)
- bomb - see [Legal, intervention, explosive](#)
- conducted energy device
  - injuring
    - bystander [Y35.832](#)
    - law enforcement personnel [Y35.831](#)
    - suspect [Y35.833](#)
    - unspecified person [Y35.839](#)
- cutting or piercing instrument - see [Legal, intervention, sharp object](#)
- dynamite - see [Legal, intervention, explosive, dynamite](#)
- electroshock device (taser)
  - injuring
    - bystander [Y35.832](#)
    - law enforcement personnel [Y35.831](#)
    - suspect [Y35.833](#)
    - unspecified person [Y35.839](#)
- explosive(s)
  - dynamite
    - injuring
      - bystander [Y35.112](#)
      - law enforcement personnel [Y35.111](#)
      - suspect [Y35.113](#)
      - unspecified person [Y35.119](#)
  - grenade
    - injuring
      - bystander [Y35.192](#)
      - law enforcement personnel [Y35.191](#)

- suspect [Y35.193](#)
  - unspecified person [Y35.199](#)
- injuring
  - bystander [Y35.102](#)
  - law enforcement personnel [Y35.101](#)
  - suspect [Y35.103](#)
  - unspecified person [Y35.109](#)
- mortar bomb
  - injuring
    - bystander [Y35.192](#)
    - law enforcement personnel [Y35.191](#)
    - suspect [Y35.193](#)
    - unspecified person [Y35.199](#)
- shell
  - injuring
    - bystander [Y35.122](#)
    - law enforcement personnel [Y35.121](#)
    - suspect [Y35.123](#)
    - unspecified person [Y35.129](#)
- specified NEC
  - injuring
    - bystander [Y35.192](#)
    - law enforcement personnel [Y35.191](#)
    - suspect [Y35.193](#)
    - unspecified person [Y35.199](#)
- firearm(s) (discharge)
  - handgun
    - injuring
      - bystander [Y35.022](#)
      - law enforcement personnel [Y35.021](#)
      - suspect [Y35.023](#)
      - unspecified person [Y35.029](#)
  - injuring
    - bystander [Y35.002](#)
    - law enforcement personnel [Y35.001](#)
    - suspect [Y35.003](#)
    - unspecified person [Y35.009](#)
  - machine gun
    - injuring
      - bystander [Y35.012](#)
      - law enforcement personnel [Y35.011](#)
      - suspect [Y35.013](#)
      - unspecified person [Y35.019](#)

- rifle pellet
  - injuring
    - bystander [Y35.032](#)
    - law enforcement personnel [Y35.031](#)
    - suspect [Y35.033](#)
    - unspecified person [Y35.039](#)
- rubber bullet
  - injuring
    - bystander [Y35.042](#)
    - law enforcement personnel [Y35.041](#)
    - suspect [Y35.043](#)
    - unspecified person [Y35.049](#)
- shotgun - see [Legal, intervention, firearm, specified NEC](#)
- specified NEC
  - injuring
    - bystander [Y35.092](#)
    - law enforcement personnel [Y35.091](#)
    - suspect [Y35.093](#)
    - unspecified person [Y35.099](#)
- gas (asphyxiation) (poisoning)
  - injuring
    - bystander [Y35.202](#)
    - law enforcement personnel [Y35.201](#)
    - suspect [Y35.203](#)
    - unspecified person [Y35.209](#)
  - specified NEC
    - injuring
      - bystander [Y35.292](#)
      - law enforcement personnel [Y35.291](#)
      - suspect [Y35.293](#)
      - unspecified person [Y35.299](#)
  - tear gas
    - injuring
      - bystander [Y35.212](#)
      - law enforcement personnel [Y35.211](#)
      - suspect [Y35.213](#)
      - unspecified person [Y35.219](#)
- grenade - see [Legal, intervention, explosive, grenade](#)
- injuring
  - bystander [Y35.92](#)
  - law enforcement personnel [Y35.91](#)
  - suspect [Y35.93](#)
  - unspecified person [Y35.99](#)

- late effect [Y35](#)
- (of) - see with 7th character S
- manhandling
  - injuring
    - bystander [Y35.812](#)
    - law enforcement personnel [Y35.811](#)
    - suspect [Y35.813](#)
    - unspecified person [Y35.819](#)
- sequelae [Y35](#)
- (of) - see with 7th character S
- sharp objects
  - bayonet
    - injuring
      - bystander [Y35.412](#)
      - law enforcement personnel [Y35.411](#)
      - suspect [Y35.413](#)
      - unspecified person [Y35.419](#)
  - injuring
    - bystander [Y35.402](#)
    - law enforcement personnel [Y35.401](#)
    - suspect [Y35.403](#)
    - unspecified person [Y35.409](#)
  - specified NEC
    - injuring
      - bystander [Y35.492](#)
      - law enforcement personnel [Y35.491](#)
      - suspect [Y35.493](#)
      - unspecified person [Y35.499](#)
- specified means NEC
  - injuring
    - bystander [Y35.892](#)
    - law enforcement personnel [Y35.891](#)
    - suspect [Y35.893](#)
- stabbing - see [Legal, intervention, sharp object](#)
- stave - see [Legal, intervention, blunt object, stave](#)
- stun gun
  - injuring
    - bystander [Y35.832](#)
    - law enforcement personnel [Y35.831](#)
    - suspect [Y35.833](#)
    - unspecified person [Y35.839](#)
- taser

- injuring
  - bystander [Y35.832](#)
  - law enforcement personnel [Y35.831](#)
  - suspect [Y35.833](#)
  - unspecified person [Y35.839](#)
- tear gas - see [Legal, intervention, gas, tear gas](#)
- truncheon - see [Legal, intervention, blunt object, stove](#)

**ICD-10** is the 10th revision of the [International Statistical Classification of Diseases and Related Health Problems](#) (ICD), a [medical classification](#) list by the [World Health Organization](#) (WHO). It contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases.<sup>[1]</sup> Work on ICD-10 began in 1983,<sup>[2]</sup> became endorsed by the Forty-third World Health Assembly in 1990, and was first used by member states in 1994.<sup>[1]</sup> It remains current until January 1, 2022, when it will be replaced by [ICD-11](#).<sup>[3]</sup>

While WHO manages and publishes the base version of the ICD, several member states have modified it to better suit their needs. In the base classification, the code set allows for more than 14,000 different codes<sup>[4]</sup> and permits the tracking of many new [diagnoses](#) compared to the preceding [ICD-9](#). Through the use of optional sub-classifications ICD-10 allows for specificity regarding the cause, manifestation, location, severity and type of injury or disease.<sup>[5]</sup> The adapted versions may differ in a number of ways, and some national editions have expanded the code set even further; with some going so far as to add [procedure codes](#). ICD-10-CM, for example, has over 70,000 codes.<sup>[6]</sup>

Because the medical coding field is expanding so rapidly at the moment, it may seem like it's a relatively new occupation... but this certainly isn't the case!

Medical billing and coding have been around for decades. And just like fifty years ago, it continues to be an ever-changing field.

Believe it or not, the ICD-9 diagnosis coding system originated in 17th century England.

Statistical data was gathered through a system known as the London Bills of Mortality and arranged into numerical codes. These codes were used to measure the most frequent causes of death.

*Fast-forward a few hundred years...*

By 1937, this statistical analysis of the causes of death was organized into the International List of Causes of Death. Over the years, the World Health Organization ([WHO](#)) used this list more and more to assist in tracking mortality rates and international health trends.

The list was later developed into the International Classification of Diseases, which is now in its 10th edition, also known as the ICD-10-CM/PCS.

In 1977, the worldwide medical community recognized the ICD system, which then prompted the National Centers for Health Statistics (NCHS) to expand the study to include clinical information.

In other words, in 1977, the ICD system was expanded to not only include causes of death, but also clinical diagnoses such as illnesses and injuries.

Adding clinical diagnoses provided additional statistical information on basic healthcare. Now there was a way to index medical records, make medical reviews easier to complete, and provide further opportunities for medical care.

The ICD-10 version is much more specific than previous editions, for example, in ICD-9 there were only 13,000 codes and the “other” and “non-specified” codes were used for numerous diseases, conditions, and injuries. The ICD-10 has 68,000 codes, which eliminate a lot of the “other” and “non-specified” codes which help greatly with the reimbursement process. There will be a lot fewer denied claims and physicians and healthcare providers will be paid for specific services instead of generic cases.

There were numerous changes made between ICD-9 and ICD-10. Aside from the number of codes and the elimination of most of the “other” and the “non-specified” codes and the inclusion of combination codes for symptoms and diagnoses, fewer codes are needed to report and fully describe a patient’s condition. The code set has been expanded from five positions (first one alphanumeric, others numeric) to seven positions. The codes use alphanumeric characters in all positions, not just the first position as in ICD-9. When using a modifier, the codes expand to 6 or 7 positions.

So, why the Change from ICD-9 to ICD-10? The question on a lot of physicians, coders, and healthcare information specialists minds was why the change? Many of these people believed the change would only confuse everyone and make things worse; if it is not broken why fix it? What they didn’t realize is that the “system” was not only broken but dated and in need of upgrading. If hospitals, healthcare facilities, and private practice physicians were going to “stay in business” these changes were necessary and long overdue.

As medicine becomes more reliant on technology and web-based medical records, more changes are sure to take place involving medical billing and coding guidelines and the preservation and confidentiality of medical records. The Centers for Medicare and Medicaid Services and Centers for Disease Control and Prevention have already approved adding 3,651 ICD-10 hospital inpatient procedure codes and about 1,900 ICD-10 diagnosis codes for the fiscal year 2017. Implementation of the new codes will begin in October 2016.

Medical Coding is making history right now and the future of health care looks promising.

For more information concerning the history of medical coding: [mb-guide.org/history-of-medical-coding.html](http://mb-guide.org/history-of-medical-coding.html)

The three most common code sets now used ([ICD-9 codes](#), [CPT medical billing codes](#), and [HCPCS Level II codes](#)) haven't always existed and been used together.

The medical industry is **always being updated**. Knowing how medical codes were developed and what they're used for will help you understand the ways that they might change in the future.

## ICD-9 Codes: Diagnoses



Believe it or not, the **ICD-9 diagnosis coding system originated in 17<sup>th</sup> century England.**

Statistical data was gathered through a system known as the London Bills of Mortality, and arranged into numerical codes. These codes were used to measure the **most frequent causes of death.**

*Fast-forward a few hundred years...*

By 1937, this statistical analysis of the causes of death was organized into the **International List of Causes of Death.** Over the years, the World Health Organization ([WHO](#)) used this list more and more to assist in tracking mortality rates and international health trends.

The list was later developed into the International Classification of Diseases, which is now in its ninth revision (ICD-9).

In 1977, the worldwide medical community recognized the ICD system, which then prompted the National Centers for Health Statistics (NCHS) to expand the study to **include clinical information.**

In other words, in 1977, the ICD system was expanded to not only include causes of death, but also clinical diagnoses such as illnesses and injuries.

**Adding clinical diagnoses provided additional statistical information on basic healthcare.** Now there was a way to index medical records, make medical reviews easier to complete, and provide further opportunities for medical care.

But the history of medical coding isn't over yet...

## ICD-10: Upcoming Changes

Due to the ever-changing nature of medicine and healthcare, **the WHO updated the ICD-9 system to the ICD-10 system when they published the 10<sup>th</sup> revision in 1994.**

This new system accommodates advances in medical knowledge of diseases and their processes, as well as providing additional information on patient diagnoses.

*Click for much more information on [ICD-10 codes](#).*

#### CPT: Procedure Coding



The Current Procedural Terminology (CPT) coding manual provides descriptions of healthcare services. Unlike diagnosis codes, which have been maintained in one way or another for the last three hundred years, **procedure coding practices are much newer.**

CPT is technically part of the Healthcare Common Procedure Coding System, and is otherwise known as HCPCS Level I. This entire system is copyrighted and maintained by the American Medical Association ([AMA](#)).

In 1983, **the Center for Medicare and Medicaid Services (CMS) adopted the CPT system** and mandated that the code sets in the manual be used for all Medicare and Medicaid coding.

Because of CMS's influence on the commercial insurance companies, as well as individual and facility providers, **the CPT procedure coding system soon became the standard.** Another milestone in the history of medical coding!

In August 2000, the Transactions and Code Sets Final Rule mandated that CPT, HCPCS Level II (see below), and their modifiers should be used as the standard national medical code sets.

#### HCPCS: Supplies, Medicines, and Other Services

The Healthcare Common Procedure Coding System, Level II (HCPCS) **describes the supplies, medicines, or other services used during a patient visit.**

As CPT codes are actually a part of the HCPCS system (they're considered HCPCS Level I codes), they were both developed, maintained, and mandated at the same time.

**There are lots of parts of the HCPCS code set that change every year**, as medicines and new technologies are developed for state-of-the-art treatments. Because of this, the HCPCS code set is less rigid than its partner, the CPT coding system.

From the history of medical coding to its future...



Right now is a very exciting time to be in medical coding. **The implementation of the ICD-10 system marks a new era in the American medical industry** - it will be sure to change many aspects of the daily life of a medical coder.

As medicine becomes more reliant on technology and web-based medical records, more changes are sure to take place involving [medical billing and coding guidelines](#) and the preservation and confidentiality of medical records.

**As the medical industry changes, so does our medical coding and billing system.** And as they have done in the past, our three coding systems are very likely to change again soon.

Perhaps you'll build a long enough career to see ICD-9 change into ICD-10, and then something else. The history of medical coding is continuing right now, and the future is full of potential!

Read about a career as a [medical coding specialist](#).

Read more: <http://www.mb-guide.org/history-of-medical-coding.html#ixzz6RhRKJxkM>