AIS 2005: Update 2008 clarification
Development Date: January 2016

The following clarifications apply to AIS 2005: Update 2008 Dictionary

Definitions that apply throughout the AIS 2005: 2008 Dictionary:

A *puncture wound* is caused by spearing or impalement type injuries. These should be coded as Penetrating NFS or Penetrating minor superficial.

Pseudoaneurysm is coded as a minor artery laceration

Palsy and paresis are coded as nerve contusion

Paralysis or total loss of function is coded as nerve laceration

Incomplete transection is the same as incomplete circumferential involvement

HEAD

Acute on chronic head bleeds – If the clinician does not differentiate and document the acute from the chronic bleed, code as NFS in the appropriate section

Pterygoid plates are a part of the sphenoid bone and are coded to the base of the skull if injured in isolation. If the pterygoid plates are part of a LeFort fracture, they are NOT coded additionally as skull base fractures.

FACE

Caustic injury to the mouth is coded as 243099.1

NECK

Caustic injury to pharynx is coded as 340699.2

Thrombosis (occlusion) secondary to trauma from any lesion but laceration (under carotid artery, internal and external, and vertebral artery) refers to the sequela of blunt trauma to

neck, i.e. seatbelt injury.

Parotid gland is the same as salivary gland

THORAX

Persistent air leak (442203.4) is described as an air leak in the thorax that lasts for more than 48 hours, which represents a more severe injury than a simple pneumothorax.

Intracardiac septum may also be identified as "intraventricular" septum.

Flail chest with additional but separate rib fractures on the same side is coded to the more severe injury, the flail chest, and the additional ribs on the same side are not coded.

ABDOMEN

Hemoperitoneum is a sequela and is not a codable injury.

Serosal tear is coded as a partial thickness injury.

SPINE

In AIS 2008 when there is documented injury to the spinal cord such as compression, epidural, or subdural hemorrhage associated with a fracture AND there is no neurologic deficit, the coder must choose to either code the cord injury OR the fracture. Current rules prohibit coding both.

The Clarification document originally posted in 2013 was erroneous and was subsequently retracted. (See http://www.aaam1.org/ais/AISClarified2012.pdf page 5)

Pars interarticularis is located between the lamina and the pedicle anatomically and should be coded as pedicle. Previous teaching of coding this to lamina has been changed per recent Neurosurgery input.

EXTREMITY (upper and lower)

Amputation is defined as "traumatic" not surgical

Internal shearing or degloving injury (*Morel Lavallèe lesion*) of an extremity is coded as a degloving injury in the appropriate extremity chapter.

Micro fractures, bone contusions, and bone edema are not codable injuries.

Extra-articular refers to a fracture with NO joint involvement

Partial articular (intraarticular) Partial articular is when there is at least one fracture through the joint surface and part of the articular surface is still in continuity with the diaphysis.

Complete articular refers to a fracture where the articular surface is fractured AND there is no continuity with the diaphysis.

(Refer to the anatomical drawings in the upper and lower extremity chapters)

UPPER EXTREMITY

Digital vessels are included in "other named vessels"

LOWER EXTREMITY

"*Hip fracture*" simply stated with no other description is coded as a proximal femur fracture (853111.3)

Slipped epiphysis in children is coded as a femoral neck fracture (853161.3)

Caustic injury (040099.9) is only used if the specific location is not known.

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