

**Case Report Definition
Traumatic Brain Injury / Spinal Cord Injury Registry
Minnesota Department of Health**

Cases of traumatic brain injury and spinal cord injury must be reported to the Minnesota Department of Health if the patient receives one of the following ICD-9 N-codes (including the respective subcoded four or five digit rubrics), either as a **principal or secondary** diagnosis:

- TBI** 310.2 - postconcussion syndrome
348.1 (when coded w/ 994.1 or 994.7) - anoxic brain damage
800.00-800.99 - fracture of vault of skull
801.00-801.99 - fracture of base of skull
803.00-803.99 - other and unqualified skull fractures
804.00-804.99 - multiple fractures involving skull or face with other bones
850.0-850.9 - concussion
851.00-851.99 - cerebral laceration and contusion
852.00-852.59 - subarachnoid, subdural, and extradural hemorrhage, following injury
853.00-853.19 - other and unspecified intracranial hemorrhage following injury
854.00-854.19 - intracranial injury of other and unspecified nature
* 905.0 - late effect of fracture of skull and face bones
* 907.0 - late effect of intracranial injury without mention of skull fracture
* 959.01 - head injury, unspecified
950.0-950.9 - injury to optic nerve and pathways
995.55 - shaken infant syndrome
- SCI** 806.00-806.9 - fracture of vertebral column with spinal cord injury
* 907.2 - late effect of spinal cord injury
952.00-952.9 - spinal cord injury without evidence of spinal bone injury

AND

the injury occurred on or after January 1, 1993

AND

The injury occurred to a Minnesota resident, **or** the injury occurred within Minnesota

AND

the patient: was admitted as an inpatient to an acute care hospital, **or**
died (or declared DOA) in the emergency department prior to admission, **or**
was transferred from the emergency department to an out-of-state hospital.

Out-of-state hospitals are requested to report cases who are Minnesota residents or who were injured in Minnesota.

Do **not** report patients: seen **only** in the emergency room and then discharged; or admitted **only** as outpatients for observation, and then discharged; or admitted **directly** to long-term-care or rehabilitation facilities.

Submit case reports on the MDH Report of Injury, Version 7, or via electronic media.

* Case reports for *late effects* and *head injuries, unspecified* must be submitted only by those facilities that have not signed an MDH data sharing agreement with the Minnesota Hospital Association.

For more information, please contact:

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