

Case Definition*

Traumatic Brain Injury & Spinal Cord Injury Registry

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-10-CM codes either as a **principal or secondary** diagnosis, for an initial encounter **ONLY** (7th digit=A, B or C):

- TBI**
- F07.81 - post concussion syndrome
 - G93.1 - anoxic brain damage (when T75.1, T71.1xx, T71.2xx or T71.9 **also** coded)
 - S02.0 – fracture of vault of skull
 - S02.1xx - fracture of base of skull
 - S02.91 – unspecified fracture of skull
 - S04.0xx - injury to optic nerve and pathways
 - S06.xxx – Intracranial Injury
 - S07.1 – crushing injury of skull
 - T74.4 - shaken infant syndrome
- SCI**
- S14.0 – S14.1xx – Injuries of cervical spinal cord
 - S24.0 – S24.1xx – Injuries of thoracic spinal cord
 - S34.0 – S34.1xx – Injuries of lumbar/sacral spinal cord

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.

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 electronically via [MNTrauma](#).

ALL hospitalized TBI must be reported!

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

For more information, please contact:

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