

ASK AN MCCD EXPERT:

OMNICURIS e-learning course student question: In the case of a death due to marasmus, can I write poverty or lack of food in part two where contributing causes or other significant conditions are reported? For example, as presented in the MCCD medical data table below:

CAUSE OF DEATH		Interval between onset and death approx.
I Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc. Antecedent cause Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last	(a) MARASMUS due to (or as a consequences of)	6 MONTHS
	(b) due to (or as a consequences of)	
	(c) POVERTY (2 years) LACK OF FOOD (2 years)	
II Other significant conditions contributing to the death but not related to the disease or condition causing it	

MCCD EXPERT RESPONSE:

When you certify a death (complete a MCCD form), you should focus on writing **medical conditions** and/or **external events** that were a part of the **causal sequence** that ultimately led to death. For example,

CAUSE OF DEATH		Interval between onset and death approx.
I Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc. Antecedent cause Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last	(a) BASILAR SUBDURAL AND SUBARACHNOID HEMORRHAGES due to (or as a consequences of)	HOURS
	(b) BASILAR AND FRONTAL SKULL FRACTURES due to (or as a consequences of)	HOURS
	(c) MOTOR VEHICLE COLLISION (HIT BY A CAR WHILE RIDING A BIKE)	HOURS
II Other significant conditions contributing to the death but not related to the disease or condition causing it	

The phrases listed on lines a and b are **medical conditions**. The phrase listed in line c is an **external event**. Both are acceptable to write on the MCCD form- in part 1 if they form a part of the causal sequence and part 2 if it is a contributory cause.

In the WHO recommended MCCD form, there is a **text box** to write more detail on the **circumstances of death**. If that form were used in India, you could write poverty and lack of food since those are very **important contributing factors or circumstantial evidence for a death** from Marasmus. Since a text box is not included in forms [4, 4A, or the postmortem form](#) currently in use in India, I agree with your suggestion to write poverty and lack of food in part 2.

This **circumstantial information may be of value in the coding process**, which is actually the case since poverty and lack of food do have codes in ICD 10 and ICD11. That might not always be the case with circumstantial information. If you do want to include circumstantial information that you believe is critical for understanding how or why the death occurred, please consider including it in part 2 of the medical data section and eventually in the text box if one is added if or when the MCCD forms are revised in India.

Interested in learning more on correct completion of MCCD forms? Consider taking the MCCD e-learning course available- free of charge- on the [Omnicuris website!](#)

MCCD TIP: AVOID ABBREVIATIONS!

CAUSE OF DEATH		Interval between onset and death approx.
I Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthemia, etc.	(a) ILD due to (or as a consequences of)	
Antecedent cause Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last	(b) RHD due to (or as a consequences of)	
	(c) MI / LVF COPD / ARDS Acute cardio-respiratory arrest	
II Other significant conditions contributing to the death but not related to the disease or condition causing it	

Want more MCCD tips? Check out our short informational videos on our [Youtube channel!](#)

AVOID ABBREVIATIONS! The abbreviations in the example MCCD form can be translated as any of the following by mortality coders:

ILD Interstitial Lung Disease, Ischemic Leg Disease, Injection Laser Diode, Idiopathic Learning Disability, etc

RHD Rheumatic Heart Disease, Right Heart disease, Right Heart Dysfunction, RhD gene (+or-), Renal Hypodysplasia, Right Hemisphere brain Damage, Recently diagnosed with Huntington's Disease, regular hemodialysis, Renal Hypertensive Disease, Residual Hip Dysplasia, Rheumatoid Heart Disease, Rib Hump Deformity, etc

MI Myocardial Infarction, Mitral Incompetence, Mitral Insufficiency, Muscle Infection, Mental illness, Mentally Impaired, Mild Impairment, etc

LVF Left Ventricular Failure, Levofloxacin, etc

COPD Chronic Obstructive Pulmonary Disease, Congestive Obstructive Pulmonary Disease, Chronic Bronchitis and Emphysema, Chronic Pulmonary Disease, etc

ARDS Acute Respiratory Distress Syndrome, Adult Respiratory Distress Syndrome, Asbestos-Related Diseases, Age-Related Diseases, Autoimmune Rheumatic Diseases, Adverse Drug Reactions, Allergic Respiratory Diseases, Aminoglycoside Resistance Determinants, Anti-Rheumatoid Drugs, Antibiotic Resistance Determinants, Antiretroviral Drugs, etc

Doctors should avoid abbreviations to ensure the medical condition or event are coded correctly.

TEST YOUR ICD-10 MORTALITY CODING SKILLS

SEX: Male

AGE: 18 months

CAUSE OF DEATH		Interval between onset and death approx.
I Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthemia, etc.	(a) PNEUMONIA due to (or as a consequences of)	6 DAYS
Antecedent cause Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last	(b) MENINGOCOCCAL MENINGITIS due to (or as a consequences of)	3 WEEKS
	(c)	
II Other significant conditions contributing to the death but not related to the disease or condition causing it	

Practice your ICD 10 mortality coding skills with this example by completing the following:

1. Assign ICD10 codes to all conditions
2. Determine the starting point SP 1-8 to select the tentative underlying cause of death (UCOD)
3. Consider special instruction M 1-4 for modification of the tentative UCOD
4. Check consistency between the selected UCOD with age and sex
5. State the final UCOD

Use [ICD10 volume 2](#) for guidance on ICD10 mortality coding rules, if needed.

THE ANSWER IS ON THE NEXT PAGE...

ICD-10 CODING ANSWER AND CLARIFICATION

1. Assign ICD10 codes to all conditions:

Pneumonia is assigned ICD10 code J189. Meningococcal meningitis is assigned (A39.0†G01*). G01 is an asterisk code that cannot be used alone and not used in mortality coding. The correct code for meningococcal meningitis is A39.0 which can be used alone without the dagger symbol.

2. Determine the starting point SP 1-8 to select the tentative underlying cause of death (UCOD)

SP3 will select A39.0

3. Consider special instruction M 1-4 for modification of the tentative UCOD

The tentative UCOD, A39.0, is modified by modification rules

4. Check consistency between the selected UCOD with age and sex

A39.0 is a consistent UCOD for the age and sex

5. State the final UCOD

A39.0 is the underlying cause of death

Coding is a skill! Use the ICD10 resources to code each MCCD form correctly. Reach out to the Unit for Strengthening Cause of Death Data for information on ICD10 coder trainings.

ICD-10 MORTALITY CODING SUPPORT

For further ICD-10 mortality coding guidance, please consider reviewing ICD-10 volume 2 available on the [WHO website](#). Keep in mind that ICD-10 has been revised multiple times since it has been adopted so use the ICD-10 version that is currently supported in your country. Below you will find links to some of the various ICD-10 coding resources (by specified years) available at the WHO:

[ICD-10 \(2019\) browser](#); [ICD-10 \(2019\) volume 2](#)

[ICD-10 \(2016\) browser](#); [ICD-10 \(2016\) volume 2](#)

[ICD-10 \(2015\) browser](#); [ICD-10 \(2015\) volume 2](#)

UPCOMING EVENTS

The Unit for Strengthening Cause of Death Data does not have events planned for the first quarter of 2022. However, please check our [website](#) for up-to-date information and events.

Please visit the Unit for Strengthening Cause of Death Data website for more information on the resources provided and additional resources.

<https://tmc.gov.in/index.php/en/mccd1>

Doctors- Do you have questions on correct completion of the MCCD form?

Mortality coders- Do you have questions on ICD-10 coding?

Submit your questions to MCCD and ICD-10 mortality coding experts to: codc.cce@gmail.com

This newsletter was developed with inputs from the following (listed in alphabetical order): Dr Pankaj Chaturvedi, Dr Rajesh Dikshit, Dr Saman Gamage, Dr Yusuf Hemed, Dr Olga Joos, MCGM coding team members, Dr Sanchita Sarang, and Dr Nikita Surani.