



# STRENGTHENING CAUSE OF DEATH DATA NEWSLETTER

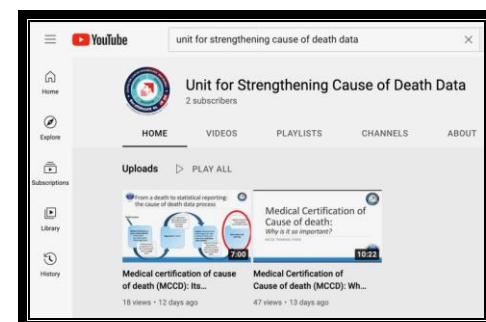
DECEMBER 2021

MESSAGE FROM THE DIRECTOR – Dr Rajesh Dikshit

Volume 1

The Centre for Cancer Epidemiology at the Tata Memorial Centre in Mumbai is extremely pleased to have launched the **Unit for Strengthening Cause of Death Data (USCODD)** on August 6, 2021 with the support from the Registrar General of India, Maharashtra Directorate of Health Services, CDC Foundation, and other government and non-government partners. The COVID-19 pandemic has highlighted the need for high quality cause of death data and we aim to provide resources and trainings to support these endeavors. We have launched a **4 hour e-learning course on medical certification of**

**cause of death (MCCD)** available- free of charge- on the [Omnicuris website](#) and created a [Youtube channel](#) with **short informational videos on MCCD**. We will soon develop videos on **ICD-10 mortality coding** and **Iris**, a validated automated mortality coding platform implemented in Mumbai which allows for improved quality and efficiency in coding. These are just some of the resources we have developed since our recent Unit launch and we have many more under discussion and development. We look forward to building cause of death improvement capacity in India and globally. ---- **Dr. Rajesh Dikshit**



Dr Dikshit was invited to speak on medical certification of cause of death (MCCD) at the Second Ministerial Conference on Civil Registration and Vital Statistics (CRVS) in Asia and the Pacific in November 2021. Meeting materials and recordings are available on the [UNESCAP website](#).

# 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.	(a) <b>MARASMUS</b> ..... due to (or as a consequences of)	6 MONTHS
	(b) ..... due to (or as a consequences of)	
	(c) <b>POVERTY (2 years)</b> .....	
Antecedent cause Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last	(b) ..... due to (or as a consequences of)	
	(c) <b>LACK OF FOOD (2 years)</b> .....	
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.	(a) <b>BASILAR SUBDURAL AND SUBARACHNOID HEMORRHAGES</b> ..... due to (or as a consequences of)	HOURS
	(b) <b>BASILAR AND FRONTAL SKULL FRACTURES</b> ..... due to (or as a consequences of)	HOURS
	(c) <b>MOTOR VEHICLE COLLISION (HIT BY A CAR WHILE RIDING A BIKE)</b> .....	HOURS
Antecedent cause Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last	(b) ..... due to (or as a consequences of)	
	(c) ..... .....	
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.
<b>I</b> Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthemia, etc.	(a) <b>ILD</b> ..... due to (or as a consequences of)	
Antecedent cause  Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last	(b) <b>RHD</b> ..... due to (or as a consequences of)	
	(c) <b>MI / LVF COPD / ARDS Acute cardio-respiratory arrest</b> ..... .....	
<b>II</b> 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.
<b>I</b> Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthemia, etc.	(a) <b>PNEUMONIA</b> ..... due to (or as a consequences of)	<b>6 DAYS</b>
Antecedent cause  Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last	(b) <b>MENINGOCOCCAL MENINGITIS</b> ..... due to (or as a consequences of)	<b>3 WEEKS</b>
	(c) ..... .....	
<b>II</b> 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](mailto: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.