

## Summary of changes made between Abbreviated Injury Scale 2005 and Abbreviated Injury Scale 2005 - Update 2008

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*This list of all identified differences between the AIS2005 and AIS2005 Update 2008 was manually compiled using a number of AIS data sources. It does not include any changes made to the Introduction or 'Dictionary' sections of the AIS dictionary. It also ignores instances where simple typographical errors have been corrected without changes to injury descriptors or instructions being made. Finally, Update 2008 included the predictive FCI (Functional Capacity Index) adjacent to most codes; this has not been included in the list of changes.*

*The complete list is provided in the first of the two lists; the second list contains only those codes which have been modified or added in such a way as to affect the calculation of derived severity scores ('New code' or 'Level change' as described below) or mapping between AIS versions ('Code format' or 'Map assignment').*

The 80 changes identified are grouped into five categories:

**New code** - 15 occurrences. This is where codes for the injury types described did not exist at all in AIS 2005.

**Level change** - 10 occurrences. This is where the post-dot component of a code changed. Two of these codes also had a new map assignment, as described below.

**Code format** - 3 occurrences. This is where the numeric code for an (unchanged) descriptor changed in Update 2008, but the assigned severity level did not.

**Map assignment** - 3 occurrences. This is where maps for converting from AIS 1998 to Update 2008 were not provided in the AIS 2005 dictionary, but have now been added.

**Wording** - 18 occurrences. This is where the descriptors for (unchanged) injury codes were altered. *In general*, these changes have not significantly affected coding practice.

**Instructions** - 31 occurrences. This is where boxed instructions - those occurring before or after codes - have been added or removed, or had their wording altered. *In general*, these changes have not significantly affected coding practice - with the exception of the coding for Burns injuries, which has a quite different coding rationale in Update 2008.

In all instances, **blue text** indicates text which is new to Update 2008, and **struck red text** indicates that which was removed prior to Update 2008.

## Complete list of AIS codeset changes between 2005 (AIS05) and Update 2008 (AIS08) Abbreviated Injury Scale codesets

Type of change	Page in AIS08 dictionary	AIS08 code	Description	⇒AIS98	⇐AIS98
Instructions	31		Code a penetrating injury to a specific anatomical site (e.g., brain stem, cerebellum or cerebrum) if site is known. If site is unknown or if more than one site is injured, code to one of the following three descriptors. If the skull is not penetrated, code as scalp laceration. Code a single gunshot wound with both entry and exit wounds as one injury. Assign the following three descriptors to <b>Head Head/Neck</b> body region for calculating an ISS.		
Instructions	32		Vessel injuries are coded separately from other injuries to the brain, except for crush-type injury, major penetrating injury to the skull or penetrating injury to the brain stem, cerebrum or cerebellum which include all accompanying brain injuries. If a vessel is not named specifically, code as <b>intracranial-vascular-injury Vascular Injury in Head NFS</b> . Thrombosis includes any injury to a vessel resulting in its occlusion (e.g., intimal tear, dissection).		
Level change	32	<b>120099.9</b> <del>120099.3</del>	<b>Vascular Injury in Head NFS</b> <del>Intracranial-vascular injury</del>	<b>None</b> <del>121299.3</del>	<b>None</b> <del>121299.3</del>
Instructions	32		<del>Use this specific descriptor if specific vessel is not known.</del>		
Wording	35	120804.5	(Cavernous sinus laceration) open laceration (bleeding <b>out</b> externally) or segmental loss	120804.5	120804.5
Wording	35	122004.5	(Sigmoid sinus laceration) open laceration (bleeding <b>out</b> externally) or segmental loss	122004.5	122004.5
Wording	35	123003.5	(Straight sinus laceration) open laceration (bleeding <b>out</b> externally) or segmental loss	122202.4	None
Wording	36	122404.5	(Superior longitudinal/sagittal sinus laceration) open laceration (bleeding <b>out</b> externally) or segmental loss	122404.5	122404.5
Wording	36	122604.5	(Transverse sinus laceration) open laceration (bleeding <b>out</b> externally) or segmental loss	122604.5	122604.5
Instructions	40		<p>Time to Code</p> <p>Given current imaging and other radiological techniques in trauma care, virtually all brain injuries can be diagnosed within <b>the first</b> 24 hours. Surgical and other interventions, such as administering anticoagulants, can increase the size of a contusion or hemorrhage which would artificially inflate its severity. Therefore, coding of brain injuries should be done at 24 hours or at initial confirmed diagnosis if later than 24 hours.</p> <p>Coma</p> <p>Under Cerebrum, several injury descriptors <b>descriptors of imaging findings</b> include coma as a modifier (i.e., intraventricular hemorrhage, ischemic brain damage directly related to head trauma, subarachnoid hemorrhage and subpial hemorrhage). If a patient sustains more than one of these documented <b>injuries findings</b> involving coma, assign the coma only once to the <b>injury finding</b> that will result in the highest AIS code. If there is no difference in the AIS code, <del>assign the coma to only one injury</del> <b>add the coma to only one of the findings and code the other finding(s) as not further specified (NFS).</b></p> <p><b>Example: Coma &gt; 6 hours, but no substantiated DAI</b>  <b>Trauma-related ischemic brain damage 140683.5</b>  <b>Subarachnoid hemorrhage 140693.2.</b></p> <p><b>Diffuse Axonal Injury</b>  <b>Patients with a substantiated clinical or pathological diagnosis of DAI may also have other imaging findings noted (e.g., intraventricular hemorrhage, petechial hemorrhage). In such cases, only the substantiated DAI is assigned an AIS severity code.</b>  <b>Example: Mild DAI (LOC 6-24 hours) 161008.4</b>  <b>Intraventricular hemorrhage do not code.</b></p> <p>Note that a diagnosis of DAI must meet specific coding rules described in the text "Diffuse Axonal Injury" (page 50). <b>Documented-Substantiated</b> DAI by definition includes <b>prolonged</b> coma.</p>		

Type of change	Page in AIS08 dictionary	AIS08 code	Description	⇒AIS98	⇐AIS98
Wording	44	140606.3	(Cerebral contusion) small; superficial; ≤30cc or ≤15cc if ≤age 10; 1-4cm diameter or 1-2cm <b>diameter</b> if ≤age 10; midline shift ≤5mm	140606.3	140606.3
Wording	44	140608.4	(Cerebral contusion) large; deep; 30-50cc or 15-30cc if ≤age 10; >4cm diameter or 2-4cm <b>diameter</b> if ≤age 10; midline shift >5mm	140608.4	140608.4
Instructions	45		If white matter/basal ganglia and corpus callosum are involved, code only the more severe; do not code both. <b>If coma exceeds 24 hours and diagnosis meets coding rules for DAI, use 161011.5 no matter what anatomic description is recorded.</b> Read “Diffuse Axonal Injury” (page 50) for coding guidance.		
Instructions	47		Use the following descriptors for brain swelling or <b>brain</b> edema directly related to head trauma, not anoxia or perilesional. Read “Brain Edema and Brain Swelling” (page 43) for coding guidance.		
Wording	47	140668.3	<b>Brain</b> edema, NFS	140660.3	140660.3
Instructions	48		<b>If DAI diagnosis is made, code as diffuse axonal injury, AIS codes 161007.4, 161008.4, 161011.5, 161012.5 or 161013.5 as appropriate based on substantiation of the injury. Do not code this finding. Read coding rules for coma (page 40) and “Diffuse Axonal Injury” (page 50) for coding guidance.</b>		
Instructions	48		<b>If DAI diagnosis is made, code as diffuse axonal injury, AIS codes 161007.4, 161008.4, 161011.5, 161012.5 or 161013.5 as appropriate based on substantiation of the injury. Do not code this finding. Read coding rules for coma (page 40) and “Diffuse Axonal Injury” (page 50) for coding guidance.</b>		
Wording	48	140682.3	pneumocephalus <b>directly related to head trauma</b>	140682.3	140682.3
Instructions	48		<b>If DAI diagnosis is made, code as diffuse axonal injury, AIS codes 161007.4, 161008.4, 161011.5, 161012.5 or 161013.5 as appropriate based on substantiation of the injury. Do not code this finding. Read coding rules for coma (page 40) and “Diffuse Axonal Injury” (page 50) for coding guidance.</b>		
Instructions	48		<b>If DAI diagnosis is made, code as diffuse axonal injury, AIS codes 161007.4, 161008.4, 161011.5, 161012.5 or 161013.5 as appropriate based on substantiation of the injury. Do not code this finding. Read coding rules for coma (page 40) and “Diffuse Axonal Injury” (page 50) for coding guidance.</b>		
Instructions	49		Skull fractures are divided into base and vault. Code all skull fractures <del>described as complex or comminuted</del> under vault unless specified as base. If a single skull fracture involves both base and vault, code the more severe. If both are of equal severity, code the fracture to point of origin. Code associated brain, vascular and nerve injuries separately.		
Instructions	51		<b>Use 161000.1 and 161001.1 where there is convincing evidence of head injury and where the medical diagnosis is given as “concussion” with no other description or clarification.</b>		
Instructions	51		Code loss of consciousness (LOC) only where there is convincing evidence of head trauma and the diagnosis of loss of consciousness is made by a physician <b>or recorded by a physician based on EMS corroboration.</b> <del>Self-reported LOC or reports of bystanders with no clinical or EMS corroboration and no substantiated head injury is insufficient for coding and should be disregarded.</del> The Glasgow Coma Score (GCS) is only one indicator of brain injury and should never be used as the sole indicator. <b>Self-reported LOC or reports of bystanders are insufficient for coding and should be disregarded.</b>		
Instructions	51		Use this category to code a substantiated diagnosis of DAI if no anatomical description is recorded <b>or if coma exceeds 24 hours and meets the coding rules for DAI.</b> Read “Diffuse Axonal Injury” (page 50) for coding guidance.		
Level change	55	<del>230299.1</del> <b>230299.2</b>	<b>Optic Nerve NFS</b>	<del>230299.1</del> <b>230299.2</b>	<del>230299.1</del> <b>230299.2</b>

Type of change	Page in AIS08 dictionary	AIS08 code	Description	⇒AIS98	⇐AIS98
Instructions	55		<b>Code ear amputation as skin avulsion according to its level of severity.</b>		
Level change	57	<b>241006.2</b> <del>241006.1</del>	<i>(Retina)</i> detachment NFS	241002.2	241002.2
Level change	57	<b>241008.2</b> <del>241008.1</del>	<i>(Retina detachment)</i> with macula attached	241002.2	None
Level change	57	<b>241010.2</b> <del>241010.1</del>	<i>(Retina detachment)</i> with macula detached	241002.2	None
New code	58	<b>243199.1</b>	<b>Palate NFS</b>	<b>243099.1</b>	<b>None</b>
Code format	58	<b>243101.1</b> <del>243000.1</del>	<i>(Palate)</i> laceration	<b>243099.1</b>	<b>None</b>
New code	58	<b>243102.2</b>	<i>(Palate)</i> fracture	<b>243099.1</b>	<b>None</b>
Code format	59	<b>250600.1</b> <del>250699.1</del>	Mandible fracture NFS Code bilateral as single injury.	<b>250600.1</b> <del>250699.1</del>	<b>250600.1</b> <del>250699.1</del>
Code format	59	<b>250602.1</b> <del>250600.1</del>	<i>(Mandible fracture)</i> closed but NFS as to site <del><i>(Mandible fracture)</i> closed or NFS</del>	<b>250602.1</b> <del>250600.1</del>	<b>250602.1</b> <del>250600.1</del>
Instructions	62		<b>Use only in absence of nose or nasal septum fracture.</b>		
New code	62	<b>251205.2</b>	<b>multiple fractures of same orbit, closed or NFS</b>	<b>251202.2</b>	<b>None</b>
New code	62	<b>251206.2</b>	<b><i>(Multiple fractures of same orbit)</i> open</b>	<b>251204.3</b>	<b>None</b>
Wording	67	320499.2	Carotid artery [external] NFS <b>[includes thyroid]</b>	320499.2	320499.2
New code	71	<b>410102.2</b>	<b>Pectoral muscle tear; laceration</b>	<b>410099.1</b>	<b>None</b>
Instructions	72		Use the following section for blunt soft tissue injury to the thorax. Assign to External body region for calculating an ISS. <b>If injury is described as “degloving”, code as avulsion.</b>		
Wording	78	440400.5	<b>Intracardiac</b> chordae tendineae laceration; rupture	440400.5	440400.5
Wording	78	441300.5	<b>Intracardiac</b> septum laceration; rupture	441300.5	441300.5
New code	81	<b>442502.2</b>	<b>Thymus laceration; perforation</b>	<b>None</b>	<b>None</b>
Instructions	82		For patients who die before any radiology is done and no autopsy is performed, a clinical diagnosis of multiple rib fractures made by detecting thoracic cage instability is acceptable for AIS coding. In such cases, use AIS code 450210.2. <b>However, clinically diagnosed rib fractures in survivors are never coded; these must be substantiated radiologically.</b>		
Instructions	83		Use the following section for blunt soft tissue injury to the abdomen. Assign to External body region for calculating an ISS. <b>If injury is described as “degloving”, code as avulsion.</b>		

Type of change	Page in AIS08 dictionary	AIS08 code	Description	⇒AIS98	⇐AIS98
Instructions	84		Vessel injuries are coded separately from other injuries to the abdomen unless an organ injury descriptor includes the vessel injury. <b>Branches of vessels are not coded unless they are named vessels and/or are listed within a specific vessel descriptor.</b>		
Wording	84	520699.3	Iliac Artery [common, internal, external] <b>and its named branches</b> NFS	520699.3	520699.3
Instructions	87		Organ Contusions, Lacerations If an organ sustains both a contusion (i.e., perilesional) and a laceration that are directly related, code only the one of the two injuries that has the more severe AIS. If a contusion and a laceration are unrelated (i.e., located in different sites on/in the organ), code both injuries. <b>If more than one abdominal organ is injured and the associated total blood loss is &gt;20%, assign the blood loss to the most seriously injured organ if it cannot be determined to which specific organ the blood loss can be attributed. If all organ injuries are of equal severity, assign the blood loss to only one of them.</b>		
New code	88	<b>540322.2</b>	<b>Appendix laceration; perforation</b>	<b>None</b>	<b>None</b>
Level change	88	<b>540610.2</b> <del>540610.1</del>	(Bladder) contusion; hematoma [OIS I]	540610.2	540610.2
Wording	97	545022.2	(Urethra laceration) <b>no perforation</b> ; partial thickness [OIS III]	545022.2	545022.2
Instructions	99		(Diagrams of cervical spine)		
Instructions	100		Coexisting injuries to the spinal cord and to the vertebral column are coded as a single injury; for example, cord contusion with paraplegia and associated fracture/dislocation is a single injury and is assigned only one AIS code. In such cases, the fracture/dislocation is not coded separately. <b>When a cord injury is continuous only the highest level is coded. When the cord is injured in more than one region and the injuries are separate and distinct, then all the injuries are coded.</b>		
Level change	103	<b>650208.2</b> <del>650208.3</del>	(Dislocation) atlanto-occipital	650208.2	650208.2
New code	113	<b>711010.5</b>	<b>(Amputation at shoulder) bilateral</b>	<b>711000.3</b>	<b>None</b>
New code	113	<b>711012.5</b>	<b>(Amputation at or above elbow, below shoulder) bilateral</b>	<b>711000.3</b>	<b>None</b>
Instructions	114		<b>Assign degloving injuries to External body region for calculating an ISS.</b>		
Instructions	117		Do not code upper extremity vessel injuries separately when they are directly involved in crush-type injuries or amputation of an upper extremity unless a vascular injury is higher in severity than the crush-type injury or amputation. <b>Branches of vessels are not coded unless they are named vessels and/or are listed within a specific vessel descriptor.</b>		
Level change	117	<b>720499.2</b> <del>720499.1</del>	Axillary vein NFS	720499.2	720499.2
New code	119	<b>740401.1</b>	<b>(Muscle tear) partial disruption</b>	<b>740400.2</b>	<b>None</b>
New code	119	<b>740403.2</b>	<b>(Muscle tear) complete disruption</b>	<b>740400.2</b>	<b>740400.2</b>
Map assignment	127	752271.2	(Radius shaft fracture) complex; comminuted; segmental	<b>752804.3</b> <del>752800.2</del>	None
New code	133	<b>811010.5</b>	<b>(Amputation at hip or buttock) bilateral</b>	<b>811004.4</b>	<b>None</b>
New code	133	<b>811012.5</b>	<b>(Amputation at or above knee, below hip) bilateral</b>	<b>811004.4</b>	<b>None</b>

Type of change	Page in AIS08 dictionary	AIS08 code	Description	⇒AIS98	⇐AIS98
Instructions	134		<b>Assign degloving injuries to External body region for calculating an ISS.</b>		
Instructions	137		Do not code lower extremity vessel injuries separately when they are directly involved in crush-type injuries or amputation of an lower extremity unless a vascular injury is higher in severity than the crush-type injury or amputation. Branches of vessels are not coded unless they are named vessels and/or are listed within a specific vessel descriptor.		
Wording	138	821099.1	Other named arteries <del>[e.g., distal to knee or small lower limb arteries]</del> NFS [e.g., tibial, peroneal]	821099.1	821099.1
Wording	138	821299.1	Other named veins <del>[e.g., distal to knee or small lower limb veins]</del> -NFS [e.g., saphenous]	821299.1	821299.1
Instructions	139		<b>A diagnosis of nerve palsy or neuropraxia should be coded as a contusion to the specific nerve.</b>		
Wording	139	830402.2	(Sciatic nerve) contusion <b>[neuropraxia]</b>	830402.2	830402.2
Wording	140	840800.2	Tendon [other than <b>Achilles or</b> patellar] tear; avulsion	840802.2	840802.2
Map assignment	151	854455.2	(Fibula fracture below ankle joint) lateral and medial malleoli (bimalleolar)	851612.2	<b>851612.2</b> <b>None</b>
Level change	151	<b>854456.3</b> <del>854456.2</del>	(Fibula fracture below ankle joint - lateral and medial malleoli (bimalleolar)) open	851614.3	<b>851614.3</b> <b>None</b>
Map assignment	151	854463.2	(Fibula fracture through ankle joint) lateral and medial malleoli (bimalleolar)	851612.2	<b>851612.2</b> <b>None</b>
Level change	151	<b>854464.3</b> <del>854464.2</del>	(Fibula fracture through ankle joint - lateral and medial malleoli (bimalleolar)) open	851614.3	<b>851614.3</b> <b>None</b>
New code	151	<b>854465.2</b>	<b>(Fibula fracture) trimalleolar</b>	<b>851612.2</b>	<b>851612.2</b>
New code	151	<b>854466.3</b>	<b>(Fibula fracture - trimalleolar) open</b>	<b>851614.3</b>	<b>851614.3</b>
Instructions	159		Use one of the following four descriptors for any one or combination of the following fracture descriptions if the fracture is totally unstable: vertical shear; pubic rami fractures with sacroiliac fracture/dislocation <b>[this diagnosis must be substantiated in operative report, CT, MRI].</b>		
Instructions	163		<b>If specific lesion (abrasion, contusion, laceration or avulsion) is unknown or not required, use above for coding any one or more collectively. Use above for coding any one or more abrasion, contusion, laceration or avulsion collectively if specificity as to lesion is unknown or not required.</b>		



Type of change	Page in AIS08 dictionary	AIS08 code	Description	⇒AIS98	⇐AIS98
Instructions	164		<p>The following burn descriptions are not a substitute for a comprehensive burn scale, but are only intended as gross estimates of severity. Burns are assigned to the External body region for an ISS. Total body surface area [TBSA] is assessed by using the Diagram of Nines; e.g., one entire upper extremity is 9% of TBSA. <del>When burns occur in varying degrees assign the AIS code to the highest degree only. (Example: for 2nd degree burn of 18% and 3rd degree burn of 10%, the AIS code is 912012.2.) If the burns are described as combined degrees, code to the most severe (Example: 28% TBSA 2nd and 3rd degree burn is assigned AIS code 912018.3.)</del></p> <p>If burns are only described as combined degrees (e.g., 15% first and second degree) code to the most severe.</p> <p>When burns occur in varying degrees assign an AIS code to the first degree burns separately from second and third degree burns. If second degree burns are less than 10% TBSA and/or third degree burns are &lt; 100 cm<sup>2</sup> or &gt; 100 cm<sup>2</sup> but &lt; 10%, then both the second and the third degree burns should be coded separately. If the combined second and third degree burns cover &gt; 10% TBSA, assign the AIS code based on their combined TBSA.</p> <p>Example 1: Adult sustains 40% first degree burns, 5% second degree burns and 2% third degree burns. Code: 912002.1 for the 1st degree burns 912006.1 for the 2nd degree burns 912008.2 for the 3rd degree burns</p> <p>Example 2: Adult sustains 40% first degree burns, 15% second degree burns and 5% third degree burns. Code: 912002.1 for the 1st degree burns 912018.3 for the combined 2nd and 3rd degree burns</p> <p>If a burn-related amputation occurs at the time of the traumatic event [direct result], code as an amputation in the Extremity body region; do not code <b>the burn</b> separately. If amputation is required after the event, the burn and not the amputation, which is considered treatment, is coded using this section.</p> <p>Note age breaks at 1 year old for <b>1st first</b> degree and &lt;5 years old for <b>2nd second</b> and <b>3rd third</b> degree burns.</p>		

List of AIS changes between 2005 (AIS05) and 2008 (AIS08) Abbreviated Injury Scale codesets relevant to injury severity calculation and mapping

Type of change	Page in AIS08 dictionary	AIS08 code	Description	⇒AIS98	⇐AIS98
Level change	32	<del>120099.3</del> 120099.9	<del>Intracranial-vascular-injury</del> Vascular Injury in Head NFS	None 121299.3	None 121299.3
Level change	55	<del>230299.2</del> 230299.1	Optic Nerve NFS	230299.1 230299.2	230299.1 230299.2
Level change	57	<del>241006.1</del> 241006.2	(Retina) detachment NFS	241002.2	241002.2
Level change	57	<del>241008.1</del> 241008.2	(Retina detachment) with macula attached	241002.2	None
Level change	57	<del>241010.1</del> 241010.2	(Retina detachment) with macula detached	241002.2	None
New code	58	243199.1	Palate NFS	243099.1	None
Code format	58	<del>243000.1</del> 243101.1	(Palate) laceration	243099.1	None
New code	58	243102.2	(Palate) fracture	243099.1	None
Code format	59	<del>250699.1</del> 250600.1	Mandible fracture NFS Code bilateral as single injury.	250600.1 250699.1	250600.1 250699.1
Code format	59	<del>250600.1</del> 250602.1	(Mandible fracture) closed but NFS as to site <del>(Mandible fracture) closed or NFS</del>	250602.1 250600.1	250602.1 250600.1
New code	62	251205.2	multiple fractures of same orbit, closed or NFS	251202.2	None
New code	62	251206.2	(Multiple fractures of same orbit) open	251204.3	None
New code	71	410102.2	Pectoral muscle tear; laceration	410099.1	None
New code	81	442502.2	Thymus laceration; perforation	None	None
New code	88	540322.2	Appendix laceration; perforation	None	None
Level change	88	<del>540610.1</del> 540610.2	(Bladder) contusion; hematoma [OIS I]	540610.2	540610.2
Level change	103	<del>650208.3</del> 650208.2	(Dislocation) atlanto-occipital	650208.2	650208.2
New code	113	711010.5	(Amputation at shoulder) bilateral	711000.3	None
New code	113	711012.5	(Amputation at or above elbow, below shoulder) bilateral	711000.3	None
Level change	117	720499.2	Axillary vein NFS	720499.2	720499.2



Type of change	Page in AIS08 dictionary	AIS08 code	Description	⇒AIS98	⇐AIS98
		<del>720499.1</del>			
New code	119	740401.1	<i>(Muscle tear) partial disruption</i>	740400.2	None
New code	119	740403.2	<i>(Muscle tear) complete disruption</i>	740400.2	740400.2
Map assignment	127	752271.2	<i>(Radius shaft fracture) complex; comminuted; segmental</i>	752804.3 <del>752800.2</del>	None
New code	133	811010.5	<i>(Amputation at hip or buttock) bilateral</i>	811004.4	None
New code	133	811012.5	<i>(Amputation at or above knee, below hip) bilateral</i>	811004.4	None
Map assignment	151	854455.2	<i>(Fibula fracture below ankle joint) lateral and medial malleoli (bimalleolar)</i>	851612.2	851612.2 <del>None</del>
Level change	151	854456.3 <del>854456.2</del>	<i>(Fibula fracture below ankle joint - lateral and medial malleoli (bimalleolar)) open</i>	851614.3	851614.3 <del>None</del>
Map assignment	151	854463.2	<i>(Fibula fracture through ankle joint) lateral and medial malleoli (bimalleolar)</i>	851612.2	851612.2 <del>None</del>
Level change	151	854464.3 <del>854464.2</del>	<i>(Fibula fracture through ankle joint - lateral and medial malleoli (bimalleolar)) open</i>	851614.3	851614.3 <del>None</del>
New code	151	854465.2	<i>(Fibula fracture) trimalleolar</i>	851612.2	851612.2
New code	151	854466.3	<i>(Fibula fracture - trimalleolar) open</i>	851614.3	851614.3