MICHIGAN BIRTH DEFECTS REGISTRY

Cytogenetics Laboratory
Reporting Instructions

2002

Michigan Department of Community Health
Community Public Health Agency
and Center for Health Statistics
3423 N. Martin Luther King Jr. Blvd.
P. O. Box 30691
Lansing, Michigan 48909

Michigan Department of Community Health

James K. Haveman, Jr., Director

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BIRTH DEFECTS REGISTRY
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

BIRTH DEFECTS REGISTRY STAFF

The Michigan Birth Defects Registry staff prepared this manual to provide the information needed to submit reports. The manual contains copies of the legislation mandating the Registry, the Rules for reporting birth defects, information about reportable and non reportable birth defects, and methods of reporting. Changes in the manual will be sent to each hospital contact to assist in complete and accurate reporting. We are interested in your comments about the manual and any suggestions about information you would like to receive. The Michigan Birth Defects Registry is located in the Office of the State Registrar and Division of Health Statistics.

Registry staff can be reached at the following address:

Michigan Birth Defects Registry
3423 N. Martin Luther King Jr. Blvd.
P.O. Box 30691
Lansing MI 48909

Telephone number (517) 335-8678
FAX (517) 335-9513

FOR ASSISTANCE WITH SPECIFIC QUESTIONS PLEASE CONTACT

Glenn E. Copeland (517) 335-8677

Cytogenetics Laboratory Reporting Instructions

I. INTRODUCTION

This manual provides detailed instructions on the proper reporting of diagnosed birth defects by cytogenetics laboratories. A report is required from cytogenetics laboratories whenever a reportable condition is diagnosed for patients under the age of two years. Listings of reportable conditions are contained within this manual. The requirement to report diagnosed birth defects is based upon Act 236 of 1988 and administrative rules to govern this reporting that were established in 1991. Copies of these regulations, which establish birth defects as a reportable medical condition and which direct the Michigan Department of Community Health to establish a comprehensive birth defects registry, are contained within this manual for your reference. These amendments were aimed at improving statewide identification of children with birth defects and facilitating the assessment of service and referral needs for these children.

The Michigan Birth Defects Registry was established in 1992, with state wide reporting required of the hospitals and cytogenetics laboratories in Michigan.

II. CASE DEFINITION

The Michigan Birth Defects Registry includes information on live born children with congenital anomalies diagnosed from birth to two years of age. A congenital anomaly, for the purposes of the registry, is defined as a structural, biochemical, genetic, or chromosomal abnormality present at birth, whether it is detected at the time of delivery or at sometime thereafter.

III. REPORTING REQUIREMENTS

A report is required from hospitals and cytogenetics laboratories whenever a reportable condition is diagnosed for patients under the age of two years and regardless of the residence of the patient..

Birth defects reports may be prepared on forms provided by the Michigan Birth Defects Registry, may be computer generated abstracts, the format for which is approved by birth defects registry staff, or may be forwarded as electronic files. Instructions in this manual provide specific descriptions of each information item to be reported. Also provided is a detailed electronic file description that must be followed if electing to report electronically.

A cytogenetics laboratory may elect to coordinate reporting with the appropriate hospital staff responsible for defects reporting on behalf of an affiliated hospital. It is important to advise the staff of the registry in writing if a coordinated approach to reporting is planned.

IV. CONFIDENTIALITY

The confidentiality of reported data is assured by Public Act 368 of 1978, being MCL §333.2631. The information reported must be maintained in a confidential manner. Release of information from the registry may only occur as specifically provided for by law or by rule. These situations include use of the information to offer medical, medical referral and other support services to the patient. In addition the information may be released to researchers as necessary to conduct approved epidemiological or other research projects with the consent of the patient or the patient's parent.

INSTRUCTIONS FOR COMPLETING
THE BIRTH DEFECTS REGISTRY CYTOGENETICS REPORT

The form for reporting diagnosed birth defects by cytogenetics laboratories is form number B-274 (2/02). This form is titled Cytogenetic Report. It differs from the standard birth defects report form (B-270) in that it does not provide for treatment information nor as extensive a diagnostic section.

This manual is a guide for completing the Cytogenetics Report for the Michigan Birth Defects Registry. The majority of the information requested on the Michigan Birth Defects Registry Cytogenetics Report is self-explanatory. However, each item is reviewed to offer further clarification and provide a rationale for collection. Questions not addressed in the manual should be brought to the attention of the registry manager, Glenn Copeland, MBA (517) 335-8678.

ITEM REVIEW

1. Child's Name

- Enter child's last name, first name, and middle initial. If child was not named, indicate name used on medical chart.

Purpose:
- One of several variables used to establish a unique case and to prevent a case from being counted twice.
- To allow for matching with birth and death certificate files.
- To aid in any necessary follow-up.

2. AKA - Also Known As

- Enter any other name by which the child is also known. Give last name, first name, and middle initial. Write "U" for "Unknown" if there is no indication that the child has been known by any other name.

Purpose:
- One of several variables used to establish a unique case.
- To allow for matching with birth and death certificate files.
- To aid in any necessary follow-up.

3. Child's Address

- Enter the current street address, apartment number, PO box number, city, state, zip code where the child resides.

Purpose:
- To aid in any necessary follow-up.

4. Child's Social Security Number

- Enter the numbers in the boxes provided. If a social security number for the child is not available, write "U" for "Unknown" in the first box.

Purpose:
- One of several variables used to establish a unique case.

5. Child's Medicaid Number

- Enter the child's medicaid number if applicable.

Purpose:
- To verify or collect additional information and for quality control purposes.

6. Medical Record Number

- Enter the child's medical record number as assigned by your facility.

Purpose:
- To verify or collect additional information and for quality control purposes.

7. Date of Birth

- Enter the child's numerical date of birth (month, day, year). If not in record, attach note with reason for absence.

Purpose:
- One of several variables used to establish a unique case.
- To aid in matching with birth and death records.
- To determine age at time of diagnosis and/or treatment.
- To calculate birth defect rates for birth cohorts.

8. Sex

- Enter an "X" in the appropriate box indicating male, female, or undesignated. One of the boxes must be checked.

Purpose:
- One of several variables used to establish a unique case.

9. Deceased

- Enter an "X" in the appropriate box indicating if the child expired or is still alive. One of the boxes must be checked.

Purpose:
- To aid in matching with birth and death certificate files.
- For calculations of specific birth defect mortality rates.
- To document vital status in the event of family follow-up.

10. Plurality

- Indicate if child was a single birth, a twin or triplet, etc.

Purpose:
- One of several variables used to establish a unique case.

11. Hospital, City, County and State of Birth

- Enter the city, county and state where the child was born. If it is impossible to determine this information, write a "U" for "Unknown" in the first box.

Purpose:
- One of several variables used to establish a unique case.
- To allow for matching with birth and death certificate files.

12. Mother's Name

- Enter the current last name, first name and middle initial of the child's natural mother. If it is impossible to determine this information, write a "U" for "Unknown" in the first box of the last name.

Purpose:
- One of several variables used to establish a unique case.
- To allow for matching with birth and death certificate files.
- To aid in any necessary follow-up.

Mother's Social Security Number

- Enter the number in the boxes provided. If not determined, write "U" for "Unknown" in the first box.

Purpose:
- One of several variables used to establish a unique case.
- To aid in matching with birth and death records.

13. Hospital/Place of Diagnosis and City

- Enter the full name of the facility, city, and state from which this report is being generated.

Purpose:
- To prevent a case from being counted twice.
- To verify and collect additional information.
- For quality control.
- To match with other databases.
- To monitor facility reporting of birth defects.

14. Cytogenetics

- Describe findings of cytogenetic examination.

Purpose:
- To improve the accuracy of birth defects rate calculations.
- To determine the need for further diagnostic clarification.
- To aid in determining follow-up needs.
- To identify cases for special studies.

15. Name of Laboratory and City

- Give the name of the laboratory where the cytogenetics study was sent or performed. Include the city where the laboratory is located.

Purpose:
- To clarify cytogenetics test results.
- To monitor birth defects reporting sources.
- To follow up on pending test results.

16. Person Completing Form

- Enter your last name and first name in the spaces provided.
- Enter the area code and telephone number(s) where you can be reached.
- Enter the month, day, and year you completed the form.

Purpose:
- To monitor birth defects reporting sources.
- To clarify information on the birth defects reporting form.

Telephone Number and Date Completed

- Enter the telephone number of the person completing the form and the date the form was completed.

Purpose:
- For any needed follow-up information and monitor time of this report.

INSTRUCTIONS FOR ELECTRONIC SUBMISSION OF DATA TO BIRTH DEFECTS REGISTRY

Data may be submitted electronically instead of via the paper form. This is a guide for establishing an electronic record for each case to be reported to the Michigan Birth Defects Registry. The record layout, variable and coding structure are outlined and the specification for alternative methods of transmission are described. Questions not addressed in the manual should be brought to the attention of the registry manager, Glenn Copeland, MBA (517) 335-8678.

ELECTRONIC SUBMISSION

Data may be submitted via tape or floppy disk to the specifications listed below.

TAPE Standard IBM compatible, 6250 bpi, 9 track, labeled (First six characters of the facility name), ASCII or EBCDIC

FLOPPY DISK IBM compatible, 360K, 720K 1.2 or 1.4 MB; 3.5 or 5.25 inch, ASCII file

RECORD LAYOUT FORMAT FOR MICHIGAN BIRTH DEFECTS REGISTRY

Missing Data: Alphanumeric field = Blank fill **Numerical field** = 0 fill
Justification: Alphanumeric field = Left justified **Numerical field** = Right justified with leading 0 if needed

DESCRIPTION	WIDTH	LOCATION	TYPE	CODES
Child's last name	20	1 - 20	A	
Child's first name	20	21 - 40	A	
Middle initial	1	41	A	
Street number	8	42 - 49	N	
Direction	2	50 - 51	A	N = North S = South E = East W = West NE = Northeast NW = Northwest SE = Southeast SW = Southwest
Street name	25	52 - 76	A	
Type	2	77 - 78	A	AL = Alley AV = Avenue BL = Boulevard CR = Circle CT = Court DR = Drive HW = Highway LN = Lane PL = Place PY = Parkway RD = Road ST = Street TR = Trail WY = Way
Apartment number	8	79 - 86	A	
P.O. Box	5	87 - 91	N	
City	15	92 - 106	A	
County	15	107 - 121	A	
State	2	122 - 123	A	Standard Post Office Abbreviations
ZIP Code	5	124 - 128	N	
Child's Social Security Number	9	129 - 137	N	
Child's Medical Record Number	10	138 - 147	N	
Sex	1	148	N	1 = Male 2 = Female

RECORD LAYOUT FORMAT FOR MICHIGAN BIRTH DEFECTS REGISTRY

Missing Data: Alphanumeric field = Blank fill **Numerical field** = 0 fill
Justification: Alphanumeric field = Left justified **Numerical field** = Right justified with leading 0 if needed

DESCRIPTION	WIDTH	LOCATION	TYPE	CODES
Date of Birth				
Month	2	149 - 150	N	01 - 12
Date	2	151 - 152	N	01 - 31
Year	4	153 - 156	N	199?
Mother's Name				
Mother's last	20	157 - 176	A	
Mother's first	20	177 - 196	A	
Middle initial	1	197		
Mother's Social Security Number	9	198 - 206	N	
Diagnosis Code	5	207 - 211	N	ICD-9-CM Diagnostic Code
Laboratory	20	212 - 231	A	
Hospital of Birth	20	232 - 251	A	
City (hospital)	20	252 - 271	A	

LISTING OF DEFECTS CODE
MICHIGAN BIRTH DEFECTS REPORTING SYSTEM
REPORTABLE CONDITIONS IN 1997

ICD 9 CODE EDITION	REPORTABLE ALONE	CODE DESCRIPTION
090	Yes	CONGENITAL SYPHILIS
090.0	Yes	EARLY CONGENITAL SYPHILIS, SYMPTOMATIC
090.1	Yes	EARLY CONGENITAL SYPHILIS, LATENT
090.2	Yes	EARLY CONGENITAL SYPHILIS, NOS
090.3	Yes	SYPHILITIC INTERSTITIAL KERATITIS
090.4	Yes	JUVENILE NEUROSYPHILIS
090.40	Yes	JUVENILE NEUROSYPHILIS NOS
090.41	Yes	CONGENITAL SYPHILITIC ENCEPHALITIS
090.42	Yes	CONGENITAL SYPHILITIC MENINGITIS
090.49	Yes	JUVENILE NEUROSYPHILIS NEC
090.9	Yes	CONGENITAL SYPHILIS NOS
130	No	TOXOPLASMOSIS
130.0	No	MENINGGOENCEPHALITIS DUE TO TOXOPLASMOSIS
130.1	No	CONJUNCTIVITIS DUE TO TOXOPLASMOSIS
130.2	No	CHORIORETINITIS DUE TO TOXOPLASMOSIS
130.3	No	MYOCARDITIS DUE TO TOXOPLASMOSIS
130.4	No	PNEUMONITIS DUE TO TOXOPLASMOSIS
130.5	No	HEPATITIS DUE TO TOXOPLASMOSIS
130.7	No	TOXOPLASMOSIS OF OTHER SPECIFIED SITES
130.8	No	MULTISYSTEMIC DISSEMINATED TOXOPLASMOSIS
130.9	No	TOXOPLASMOSIS UNSPECIFIED
216.9	No	SEBACEOUS CYSTS - SKIN, SITE UNSPECIFIED
237.7	Yes	NEUROFIBROMATOSIS
237.70	Yes	NEUROFIBROMATOSIS, UNSPECIFIED
237.71	Yes	NEUROFIBROMATOSIS, TYPE 1 [VON RECKLINGHAUSEN'S]
237.72	Yes	NEUROFIBROMATOSIS, TYPE2 [ACOUSTIC NEUROFIB]
243	Yes	CONGENITAL HYPOTHYROIDISM
251.2	No	HYPOGLYCEMIA, IDIOPATHIC
252.1	Yes	CONGENITAL HYPOPARATHYROIDISM
253.2	Yes	PANHYPOPITUITARISM
253.8	Yes	OTHER DISORDERS OF THE PITUITARY AND OTHER SYNDROME
255.2	Yes	ADRENOGENITAL DISORDERS
255.8	Yes	OTHER SPECIFIED DISORDERS OF ADRENAL GLANDS
257.8	Yes	OTHER TESTICULAR DYSFUNCTION
259.4	Yes	DWARFISM, NOT ELSEWHERE CLASSIFIED
270	Yes	DISORDERS OF AMINO-ACID TRANSPORT AND METABOLISM
270.0	Yes	DISTURBANCE OF AMINO-ACID TRANSPORT
270.1	Yes	PHENYLKETONURIA (PKU)
270.2	Yes	OTHER AROMATIC AMINO-ACID METABOLISM DISORDERS
270.3	Yes	BRANCHED-CHAIN AMINO-ACID METABOLISM DISORDERS
270.4	Yes	SULPHUR-BEARING AMINO-ACID METABOLISM DISORDERS
270.5	Yes	DISTURBANCES OF HISTIDINE METABOLISM
270.6	Yes	DISORDERS OF UREA CYCLE METABOLISM
270.7	Yes	OTHER STRAIGHT AMINO-ACID METABOLISM DISORDERS
270.8	Yes	OTHER SPECIFIED DISORDERS OF AMINO-ACID METABOLISM
270.9	Yes	UNSPECIFIED DISORDER OF AMINO-ACID METABOLISM
271	Yes	DISORDERS OF CARBOHYDRATE TRANSPORT AND METABOLISM
271.0	Yes	GLYCOGENOSIS
271.1	Yes	GALACTOSEMIA
271.2	Yes	HEREDITARY FRUCTOSE INTOLERANCE

LISTING OF DEFECTS CODE
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REPORTABLE CONDITIONS IN 1997

ICD 9 CODE EDITION	REPORTABLE ALONE	CODE DESCRIPTION
271.3	Yes	INTEST. DISACCHARIDASE - MALABSORBPTION
271.4	Yes	RENAL GLYCOSURIA
271.8	Yes	OTHER SPEC DISORDERS OF CARBOHYDRATE TRANSP/METABO
271.9	Yes	UNSPECIFIED DISORDER OF CARBOHYDRATE TRANSP/METABO
272	Yes	DISORDER OF LIPOID METABOLISM
272.0	Yes	PURE HYPERCHOLESTEROLEMIA
272.1	Yes	PURE HYPERGLYCERIDEMIA
272.2	Yes	MIXED HYPERLIPIDEMIA
272.3	Yes	HYPERCHYLOMICRONEMIA
272.4	Yes	OTHER AND UNSPECIFIED HYPERLIPIDEMIA
272.5	Yes	LIPOPROTEIN DEFICIENCIES
272.6	Yes	LIPODYSTROPHY
272.7	Yes	LIPIDOSES
272.8	Yes	OTHER DISORDERS OF LIPOID METABOLISM
272.9	Yes	UNSPECIFIED DISORDER OF LIPOID METABOLISM
273	Yes	DISORDERS OF PLASMA PROTEIN METABOLISM
273.0	Yes	POLYCLONAL HYPERGAMMAGLOBULINEMIA
273.1	Yes	MONOCLONAL PARAPROTEINEMIA
273.2	Yes	OTHER PARAPROTEINEMIAS
273.3	Yes	MACROGLOBULINEMIA
273.8	Yes	OTHER DISORDERS OF PLASMA PROTEIN METABOLISM
273.9	Yes	UNSPECIFIED DISORDER OF PLASMA PROTEIN METABOLISM
275.3	Yes	DISORDERS OF PHOSPHORUS METABOLISM
277	Yes	OTHER AND UNSPECIFIED DISORDERS OF METABOLISM
277.0	Yes	CYSTIC FIBROSIS
277.00	Yes	CYSTIC FIBROSIS WITHOUT MENTION OF MECONIUM ILEUS
277.01	Yes	CYSTIC FIBROSIS WITH MECONIUM ILEUS
277.1	Yes	DISORDERS OF PORPHYRIN METABOLISM
277.2	Yes	OTHER DISORDERS - PURINE AND PYRIMIDINE METABOLISM
277.3	Yes	AMYLOIDOSIS
277.4	Yes	DISORDERS OF BILIRUBIN EXCRETION
277.5	Yes	MUCOPOLYSACCHARIDOSIS
277.6	Yes	OTHER DEFICIENCIES OF CIRCULATING ENZYMES
277.8	Yes	OTHER SPECIFIED DISORDERS OF METABOLISM
277.9	Yes	UNSPECIFIED DISORDER OF METABOLISM
279.11	Yes	DIGEORGE'S SYNDROME
279.2	Yes	COMBINED IMMUNITY DEFICIENCY
282	Yes	HEREDITARY HEMOLYTIC ANEMIAS
282.0	Yes	HEREDITARY SPHEROCYTOSIS
282.1	Yes	HEREDITARY ELLIPTOCYTOSIS
282.2	Yes	ANEMIAS DUE TO DISORDERS OF GLUTATHIONE METABOLISM
282.3	Yes	OTHER HEMOLYTIC ANEMIAS DUE TO ENZYME DEFICIENCY
282.4	Yes	THALASSEMIAS
282.5	Yes	SICKLE-CELL TRAIT
282.60	Yes	SICKLE-CELL ANEMIA, UNSPECIFIED
282.61	Yes	HB-S DISEASE WITHOUT MENTION OF CRISIS
282.62	Yes	HB-S DISEASE WITH MENTION OF CRISIS
282.63	Yes	SICKLE-CELL/HB-C DISEASE
282.69	Yes	OTHER
282.7	Yes	OTHER HEMOGLOBINOPATHIES

LISTING OF DEFECTS CODE
MICHIGAN BIRTH DEFECTS REPORTING SYSTEM
REPORTABLE CONDITIONS IN 1997

ICD 9 CODE EDITION	REPORTABLE ALONE	CODE DESCRIPTION
282.8	Yes	OTHER SPECIFIED HEREDITARY HEMOLYTIC ANEMIAS
282.9	Yes	HEREDITARY HEMOLYTIC ANEMIA, UNSPECIFIED
284	Yes	APLASTIC ANEMIA
284.0	Yes	CONSTITUTIONAL APLASTIC ANEMIA
286	Yes	COAGULATION DEFECTS
286.0	Yes	CONGENITAL FACTOR VIII DISORDER
286.1	Yes	CONGENITAL FACTOR IX DISORDER
286.2	Yes	CONGENITAL FACTOR XI DEFICIENCY
286.3	Yes	CONGENITAL DEFICIENCY OF OTHER CLOTTING FACTORS
286.4	Yes	VON WILLEBRAND'S DISEASE
286.5	No	HEMORRHAGIC DISORDER DUE TO ANTICOAGULANTS
286.6	Yes	DEFIBRINATION SYNDROME
286.7	No	ACQUIRED COAGULATION FACTOR DEFICIENCY
286.9	Yes	OTHER AND UNSPECIFIED COAGULATION DEFECT
287.3	No	CONGENITAL THROMBOCYTOPENIA (if < 6 months)
317	No	MILD MENTAL RETARDATION
318	No	OTHE SPECIFIED MENTAL RETARDATION
318.0	No	MODERATE MENTAL RETARDATION
318.1	No	SEVERE MENTAL RETARDATION
318.2	No	PROFOUND MENTAL RETARDATION
319	No	UNSPECIFIED MENTAL RETARDATION
330.1	Yes	CEREBRAL LIPIDOSES
331.7	Yes	CEREBRAL DEGENERATION FROM OTHER DISEASES
331.89	Yes	OTHER FAMILIAL CEREBRAL DEGENERATIVE DISEASE
331.9	Yes	CEREBRAL DEGENERATION, UNSPECIFIED
334.1	Yes	HEREDITARY SPASTIC PARAPLEGIA
334.2	Yes	PRIMARY CEREBELLAR DEGENERATION
335.0	Yes	WERDNIG-HOFFMANN DISEASE
337.9	Yes	UNSPECIFIED DISORDER OF AUTONOMIC NERVOUS SYSTEM
343.0	Yes	DIPLEGIC CEREBRAL PALSY
343.1	Yes	HEMIPLEGIC CEREBRAL PALSY
343.2	Yes	QUADRIPLEGIC CEREBRAL PALSY
343.3	Yes	MONOPLEGIC CEREBRAL PALSY
343.4	Yes	INFANTILE HEMIPLEGIA CEREBRAL PALSY
343.8	Yes	OTHER SPECIFIED INFANTILE CEREBRAL PALSY
343.9	Yes	INFANTILE CEREBRAL PALSY, UNSPECIFIED
345.6	Yes	INFANTILE SPASMS
348.0	Yes	CEREBRAL CYSTS
351	No	FACIAL NERVE DISORDERS
351.0	No	BELL'S PALSY
351.1	No	GENICULATE GANGLIONITIS
351.8	No	OTHER FACIAL NERVE DISORDERS
351.9	No	FACIAL NERVE DISORDER UNSPECIFIED
352.6	Yes	MULTIPLE CRANIAL NERVE PALSIES
356	Yes	HEREDITARY AND IDIOPATHIC PERIPHERAL NEUROPATHY
356.0	Yes	HEREDITARY PERIPHERAL NEUROPATHY
356.1	Yes	PERONEAL MUSCLE ATROPHY
356.2	Yes	HEREDITARY SENSORY NEUROPATHY
356.3	Yes	REFSUM'S DISEASE
356.4	Yes	IDIOPATHIC PROGRESSIVE POLYNEUROPATHY
356.8	Yes	OTHER SPECIFIED IDIOPATHIC PERIPHERAL NEUROPATHY
356.9	Yes	UNSPECIFIED PERIPHERAL NEUROPATHY

LISTING OF DEFECTS CODE
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ICD 9 CODE EDITION	REPORTABLE ALONE	CODE DESCRIPTION
358	Yes	MYONEURAL DISORDERS
358.0	Yes	MYASTHENIA GRAVIS
358.1	Yes	MYASTHENIC SYNDROMES FROM OTHER DISEASES
358.2	Yes	TOXIC MYONEURAL DISORDERS
358.8	Yes	OTHER SPECIFIED MYONEURAL DISORDERS
358.9	Yes	MYONEURAL DISORDERS, UNSPECIFIED
359	Yes	MUSCULAR DYSTROPHIES AND OTHER MYOPATHIES
359.0	Yes	CONGENITAL HEREDITARY MUSCULAR DYSTROPHY
359.1	Yes	HEREDITARY PROGRESSIVE MUSCULAR DYSTROPHY
359.2	Yes	MYOTONIC DISORDERS
359.3	Yes	FAMILIAL PERIODIC PARALYSIS
359.4	No	TOXIC MYOPATHY
359.5	No	MYOPATHY IN ENDOCRINE DISEASE CLASSIFIED ELSEWHERE
359.6	No	SYMPTOMATIC INFLAM MYOPATHY IN OTHER DISEASES
359.8	Yes	OTHER MYOPATHIES
359.9	Yes	MYOPATHY, UNSPECIFIED
362.21	Yes	RETROLENTAL FIBROPLASIA
362.29	Yes	OTHER NONDIABETIC PROLIFERATIVE RETINOPATHY
362.60	Yes	PERIPHERAL RETINAL DEGENERATION, UNSPECIFIED
362.61	Yes	PAVING STONE DEGENERATION
362.62	Yes	MICROCYSTOID DEGENERATION
362.63	Yes	LATTICE DEGENERATION
362.64	Yes	SENILE RETICULAR DEGENERATION
362.65	Yes	SECONDARY PIGMENTARY DEGENERATION
362.66	Yes	SECONDARY VITREORETINAL DEGENERATIONS
363.20	Yes	CHORIORETINITIS, UNSPECIFIED
368.0	No	AMBLYOPIA EX ANOPSIA
368.00	No	AMBLYOPIA UNSPECIFIED
368.01	No	STRABISMIC AMBLYOPIA
368.02	No	DEPRIVATION AMBLYOPIA
368.03	No	REFRACTIVE AMBLYOPIA
369	Yes	BLINDNESS AND LOW VISION
369.0	Yes	PROFOUND BLINDNESS, BOTH EYES
369.00	Yes	VISUAL IMPAIRMENT, BOTH EYES, NOS
369.01	Yes	TOTAL VISUAL IMPAIRMENT, BOTH EYES
369.02	Yes	BETTER EYE - NEAR TOTAL IMPAIRMENT, LESSER NOS
369.03	Yes	BETTER EYE - NEAR TOTAL IMPAIRMENT, LESSER TOTAL
369.04	Yes	BETTER EYE - NEAR TOTAL, LESSER NEAR TOTAL
369.05	Yes	BETTER EYE - PROFOUND IMPAIRMENT, LESSER NOS
369.06	Yes	BETTER EYE - PROFOUND IMPAIRMENT, LESSER TOTAL
369.07	Yes	BETTER EYE, PROFOUND IMPAIRMENT, LESSER NEAR TOTAL
369.08	Yes	BETTER AND LESSER EYE - PROFOUND IMPAIRMENT
369.1	Yes	MODERATE TO SEVERE VISUAL IMPAIRMENT, ONE EYE
369.10	Yes	MODERATE VISUAL IMPAIRMENT, LEVEL NOS
369.11	Yes	BETTER EYE - SEVERE IMPAIRMENT, LESSER EYE BLIND
369.12	Yes	BETTER EYE - SEVERE IMPAIRMENT, LESSER EYE TOTAL
369.13	Yes	BETTER EYE - SEVERE IMPAIRMENT, LESSER NEAR TOTAL
369.14	Yes	BETTER EYE - SEVERE IMPAIRMENT, LESSER PROFOUND
369.15	Yes	BETTER EYE - MODERATE IMPAIRMENT, LESSER BLIND NOS
369.16	Yes	BETTER EYE - MODERATE IMPAIRMENT, LESSER TOTAL
369.17	Yes	BETTER EYE-MODERATE IMPAIRMENT, LESSER NEAR TOTAL
369.18	Yes	BETTER EYE - MODERATE IMPAIRMENT, LESSER PROFOUND

LISTING OF DEFECTS CODE
MICHIGAN BIRTH DEFECTS REPORTING SYSTEM
REPORTABLE CONDITIONS IN 1997

ICD 9 CODE EDITION	REPORTABLE ALONE	CODE DESCRIPTION
369.2	Yes	MODERATE OR SEVERE VISUAL IMPAIRMENT, BOTH EYES
369.20	Yes	MODERATE OR SEVERE IMPAIRMENT, BOTH EYES NOS
369.21	Yes	BETTER EYE - SEVERE IMPAIRMENT, LESSER NOS
369.22	Yes	BETTER EYE - SEVERE IMPAIRMENT, LESSER SEVERE
369.23	Yes	BETTER EYE - MODERATE IMPAIRMENT, LESSER NOS
369.24	Yes	BETTER EYE - MODERATE IMPAIRMENT, LESSER SEVERE
369.25	Yes	BETTER EYE - MODERATE IMPAIRMENT, LESSER MODERATE
369.3	Yes	UNQUALIFIED VISUAL LOSS BOTH EYES
369.4	Yes	LEGAL BLINDNESS, AS DEFINED IN THE USA
369.6	Yes	PROFOUND IMPAIRMENT - ONE EYE
369.60	Yes	PROFOUND IMPAIRMENT - ONE EYE NOS
369.61	Yes	ONE EYE - TOTAL IMPAIRMENT, OTHER EYE - NOS
369.62	Yes	ONE EYE - TOTAL IMPAIRMENT, OTHER EYE - NEAR
369.63	Yes	ONE EYE - TOTAL IMPAIRMENT; OTHER EYE - NORMAL
369.64	Yes	ONE EYE - NEAR TOTAL IMPAIRMENT; OTHER EYE - NOS
369.65	Yes	ONE EYE - NEAR TOTAL IMPAIR, OTHER EYE - NEAR NORM
369.66	Yes	ONE EYE - NEAR TOTAL IMPAIRMENT, OTHER EYE - NORM
369.67	Yes	ONE EYE - PROFOUND IMPAIRMENT; OTHER EYE - NOS
369.68	Yes	ONE EYE - PROFOUND IMPAIRMENT, OTHER - NEAR NORMAL
369.69	Yes	ONE EYE - PROFOUND IMPAIRMENT, OTHER EYE - NORMAL
369.7	Yes	MODERATE OR SEVERE VISUAL IMPAIRMENT, ONE EYE
369.70	Yes	MODERATE OR SEVERE IMPAIRMENT - ONE EYE NOS
369.71	Yes	ONE EYE - SEVERE IMPAIRMENT, OTHER EYE - NOS
369.72	Yes	ONE EYE - SEVERE IMPAIRMENT, OTHER NEAR NORMAL
369.73	Yes	ONE EYE - SEVERE IMPAIRMENT, OTHER EYE - NORMAL
369.74	Yes	ONE EYE - MODERATE IMPAIRMENT, OTHER EYE - NOS
369.75	Yes	ONE EYE - MODERATE IMPAIR,OTHER EYE - NEAR NORMAL
369.76	Yes	ONE EYE - MODERATE IMPAIRMENT, OTHER EYE - NORMAL
369.8	Yes	UNQUALIFIED VISUAL LOSS, ONE EYE
369.9	Yes	UNSPECIFIED VISUAL LOSS
377.16	Yes	HEREDITARY OPTIC ATROPHY
378	Yes	STRABISMUS AND OTHER EYE MOVEMENT DISORDERS
378.0	Yes	ESOTROPIA
378.00	Yes	ESOTROPIA, NOS
378.01	Yes	MONOCULAR ESOTROPIA
378.02	Yes	MONOCULAR ESOTROPIA WITH A PATTERN
378.03	Yes	MONOCULAR ESOTROPIA WITH V PATTERN
378.04	Yes	MONOCULAR ESOTROPIA WITH OTHER NONCOMITANCIES
378.05	Yes	ALTERNATING ESOTROPIA
378.06	Yes	ALTERNATING ESOTROPIA WITH A PATTERN
378.07	Yes	ALTERNATING ESOTROPIA WITH V PATTERN
378.08	Yes	ALTERNATING ESOTROPIA WITH OTHER NONCOMITANCIES
378.1	Yes	EXOTROPIA
378.10	Yes	EXOTROPIA, UNSPECIFIED
378.11	Yes	MONOCULAR EXOTROPIA
378.12	Yes	MONOCULAR EXOTROPIA WITH A PATTERN
378.13	Yes	MONOCULAR EXOTROPIA WITH V PATTERN
378.14	Yes	MONOCULAR EXOTROPIA WITH OTHER NONCOMITANCIES
378.15	Yes	ALTERNATING EXOTROPIA
378.16	Yes	ALTERNATING EXOTROPIA WITH A PATTERN
378.17	Yes	ALTERNATING EXOTROPIA WITH V PATTERN
378.18	Yes	ALTERNATING EXOTROPIA WITH OTHER NONCOMITANCIES

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378.2	Yes	INTERMITTENT HETEROTROPIA
378.20	Yes	INTERMITTENT HETEROTROPIA, UNSPECIFIED
378.21	Yes	INTERMITTENT ESOTROPIA, MONOCULAR
378.22	Yes	INTERMITTENT ESOTROPIA, ALTERNATING
378.23	Yes	INTERMITTENT EXOTROPIA, MONOCULAR
378.24	Yes	INTERMITTENT EXOTROPIA, ALTERNATING
378.3	Yes	OTHER AND UNSPECIFIED HETEROTROPIA
378.30	Yes	HETEROTROPIA, UNSPECIFIED
378.31	Yes	HYPERTROPIA
378.32	Yes	HYPOTROPIA
378.33	Yes	CYCLOTROPIA
378.34	Yes	MONOFIXATION SYNDROME
378.35	Yes	ACCOMMODATIVE COMPONENT IN ESOTROPIA
378.4	Yes	HETEROPHORIA
378.40	Yes	HETEROPHORIA, UNSPECIFIED
378.41	Yes	ESOPHORIA
378.42	Yes	EXOPHORIA
378.43	Yes	VERTICAL HETEROPHORIA
378.44	Yes	CYCLOPHORIA
378.45	Yes	ALTERNATING HYPERPHORIA
378.5	Yes	PARALYTIC STRABISMUS
378.50	Yes	PARALYTIC STRABISMUS UNSPECIFIED
378.51	Yes	THIRD OR OCULOMOTOR NERVE PALSY, PARTIAL
378.52	Yes	THIRD OR OCULOMOTOR NERVE PALSY, TOTAL
378.53	Yes	FOURTH OR TROCHLEAR NERVE PALSY
378.54	Yes	SIXTH OR ABDUCENS NERVE PALSY
378.55	Yes	EXTERNAL OPHTHALMOPLEGIA
378.56	Yes	TOTAL OPHTHALMOPLEGIA
378.6	Yes	MECHANICAL STRABISMUS
378.60	Yes	MECHANICAL STRABISMUS, UNSPECIFIED
378.61	Yes	BROWN'S (TENDON) SHEATH SYNDROME
378.62	Yes	MECHANICAL STRABISMUS FROM OTHER MUSCULOFACIAL DIS
378.63	Yes	LIMITED DUCTION ASSOCIATED WITH OTHER CONDITIONS
378.7	Yes	OTHER SPECIFIED STRABISMUS
378.71	Yes	DUANE'S SYNDROME
378.72	Yes	PROGRESSIVE EXTERNAL OPHTHALMOPLEGIA
378.73	Yes	STRABISMUS IN OTHER NEUROMUSCULAR DISORDERS
378.8	Yes	OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS
378.81	Yes	PALSY OF CONJUGATE GAZE
378.82	Yes	SPASM OF CONJUGATE GAZE
378.83	Yes	CONVERGENCE INSUFFICIENCY OR PALSY
378.84	Yes	CONVERGENCE EXCESS OR SPASM
378.85	Yes	ANOMALIES OF DIVERGENCE OF EYES
378.86	Yes	INTERNUCLEAR OPHTHALMOPLEGIA
378.87	Yes	OTHER DISSOCIATED DEVIATION OF EYE MOVEMENTS
378.9	Yes	UNSPECIFIED DISORDERS OF EYE MOVEMENTS
379.5	Yes	NYSTAGMUS AND OTHER IRREGULAR EYE MOVEMENTS
379.50	Yes	NYSTAGMUS, UNSPECIFIED
379.51	Yes	CONGENITAL NYSTAGMUS
379.52	Yes	LATENT NYSTAGMUS
379.53	Yes	VISUAL DEPRIVATION NYSTAGMUS
379.54	Yes	NYSTAGMUS ASSOCIATED WITH VESTIBULAR DISORDERS

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379.55	Yes	DISSOCIATED NYSTAGMUS
379.56	Yes	OTHER FORMS OF NYSTAGMUS
379.57	Yes	DEFICIENCIES OF SACCADIC EYE MOVEMENTS
379.58	Yes	DEFICIENCIES OF SMOOTH PURSUIT MOVEMENTS
379.59	Yes	OTHER IRREGULARITIES OF EYE MOVEMENTS
389.9	Yes	UNSPECIFIED HEARING LOSS
425.0	Yes	ENDOMYOCARDIAL FIBROSIS
425.1	Yes	HYPERTROPHIC OBSTRUCTIVE CARDIOMYOPATHY
425.3	Yes	ENDOCARDIAL FIBROELASTOSIS
425.4	Yes	OTHER PRIMARY CARDIOMYOPATHIES
426.0	Yes	ATRIOVENTRICULAR BLOCK, COMPLETE
426.1	Yes	ATRIOVENTRICULAR BLOCK, OTHER AND UNSPECIFIED
426.10	Yes	ATRIOVENTRICULAR BLOCK, UNSPECIFIED
426.11	Yes	FIRST DEGREE ATRIOVENTRICULAR BLOCK
426.12	Yes	MOBITZ (type) II ATRIOVENTRICULAR BLOCK
426.13	Yes	OTHER SECOND DEGREE ATRIOVENTRICULAR BLOCK
426.2	Yes	LEFT BUNDLE BRANCH HEMIBLOCK
426.3	Yes	OTHER LEFT BUNDLE BRANCH BLOCK
426.4	Yes	RIGHT BUNDLE BRANCH BLOCK
426.5	Yes	BUNDLE BRANCH BLOCK, OTHER AND UNSPECIFIED
426.50	Yes	BUNDLE BRANCH BLOCK, UNSPECIFIED
426.51	Yes	RIGHT BUNDLE BRANCH AND LEFT POST FASCIAL BLOCK
426.52	Yes	RIGHT BUNDLE BRANCH AND LEFT ANT FASCICULAR BLOCK
426.53	Yes	OTHER BILATERAL BUNDLE BRANCH BLOCK
426.54	Yes	TRIFASCICULAR BLOCK
426.6	Yes	OTHER HEART BLOCK
426.7	Yes	ANOMALOUS ATRIOVENTRICULAR EXCITATION
426.8	Yes	OTHER SPECIFIED CARDIAC CONDUCTION DISORDERS
426.81	Yes	LOWN-GANONG-LEVINE SYNDROME
426.89	Yes	OTHER SPECIFIED CARDIAC INDUCTION DISORDERS
426.9	Yes	CARDIAC CONDUCTION DISORDER, UNSPECIFIED
427	Yes	CARDIAC DYSRHYTHMIAS
427.0	Yes	PAROXYSMAL SUPRAVENTRICULAR TACHYCARDIA
427.1	Yes	PAROXYSMAL VENTRICULAR TACHYCARDIA
427.2	Yes	PAROXYSMAL TACHYCARDIA, UNSPECIFIED
427.3	Yes	ATRIAL FIBRILLATION AND FLUTTER
427.31	Yes	ATRIAL FIBRILLATION
427.32	Yes	ATRIAL FLUTTER
427.4	Yes	VENTRICULAR FIBRILLATION AND FLUTTER
427.41	Yes	VENTRICULAR FIBRILLATION
427.42	Yes	VENTRICULAR FLUTTER
427.5	No	CARDIAC ARREST
427.6	No	PREMATURE HEART BEATS
427.60	No	PREMATURE BEATS UNSPECIFIED
427.61	No	SUPRAVENTRICULAR PREMATURE BEATS
427.69	No	OTHER PREMATURE HEART BEATS
427.8	Yes	OTHER SPECIFIED CARDIAC DYSRHYTHMIAS
427.81	Yes	SINOATRIAL NODE DYSFUNCTION
427.89	Yes	OTHER SPECIFIED CARDIAC DYSRHYTHMIAS
427.9	Yes	CARDIAC DYSRHYTHMIA, UNSPECIFIED
434	Yes	OCCLUSION OF CEREBRAL ARTERY
434.0	Yes	CEREBRAL THROMBOSIS

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434.1	Yes	CEREBRAL EMBOLISM
434.9	Yes	CEREBRAL ARTERY OCCLUSION, UNSPECIFIED
453.0	Yes	BUDD-CHIARI SYNDROME
520	Yes	TOOTH DEVELOPMENT/ERUPTION DISORDERS
520.0	Yes	ANODONTIA
520.1	Yes	SUPERNUMERARY TEETH
520.2	Yes	ABNORMALITIES OF TOOTH SIZE AND FORM
520.3	No	MOTTLED TEETH
520.4	Yes	DISTURBANCES OF TOOTH FORMATION
520.5	Yes	HEREDITARY DISTURBANCES IN TOOTH STRUCTURE, NOS
520.6	No	DISTURBANCES IN TOOTH ERUPTION
520.7	No	TEETHING SYNDROME
520.8	Yes	OTHER SPEC TOOTH DEVELOPMENT AND ERUPTION DISORDER
520.9	Yes	UNSPEC DISORDER OF TOOTH DEVELOPMENT AND ERUPTION
524	Yes	DENTOFACIAL ANOMALIES, INCLUDING MALOCCLUSION
524.0	Yes	MAJOR ANOMALIES OF JAW SIZE
524.00	Yes	UNSPECIFIED ANOMALY OF THE JAW
524.01	Yes	MAXILLARY HYPERPLASIA
524.02	Yes	MANDIBULAR HYPERPLASIA
524.03	Yes	MAXILLARY HYPOPLASIA
524.04	Yes	MANDIBULAR HYPOPLASIA
524.05	Yes	MACROGENIA
524.06	Yes	MICROGENIA
524.09	Yes	OTHER SPECIFIED ANOMALY OF THE JAW
524.1	Yes	ANOMALIES OF RELATIONSHIP OF JAW TO CRANIAL BASE
524.10	Yes	UNSPECIFIED ANOMALY OF JAW TO CRANIAL BASE
524.11	Yes	MAXILLARY ASYMMETRY
524.12	Yes	OTHER JAW ASYMMETRY
524.19	Yes	OTHER SPECIFIED ANOMALY OF JAW TO CRANIAL BASE
524.2	No	ANOMALIES OF DENTAL ARCH RELATIONSHIP
524.3	No	ANOMALIES OF TOOTH POSITION
524.4	No	MALOCCLUSION UNSPECIFIED
524.5	No	DENTOFACIAL FUNCTIONAL ABNORMALITIES
524.6	No	TEMPOROMANDIBULAR jOINT DISORDERS
524.8	No	OTHER SPECIFIED DENTOFACIAL ANOMALIES
524.9	No	UNSPECIFIED DENTOFACIAL ANOMALIES
527.6	No	MUCOCELE
530.81	No	CHALASIA
537.1	Yes	GASTRIC DIVERTICULUM
550	Yes	INGUINAL HERNIA
550.0	Yes	INGUINAL HERNIA WITH GANGRENE WITH OBSTRUCTION
550.00	Yes	UNILATERAL OR UNSPEC INGUINAL HERNIA WITH OBSTR
550.01	Yes	RECURRENT UNILATERAL INGUINAL HERNIA WITH GANGRENE
550.02	Yes	BILATERAL INGUINAL HERNIA WITH GANGRENE
550.03	Yes	RECURRENT BILATERAL INGUINAL HERNIA WITH GANGRENE
550.1	Yes	INGUINAL HERNIA WITH OBSTRUCTION, GANGRENE UNSPEC
550.10	Yes	UNILATERAL OR UNSPEC INGUINAL HERNIA WITH OBSTRUCT
550.11	Yes	RECURRENT UNILATERAL INGUINAL HERNIA WITH OBSTRUCT
550.12	Yes	BILATERAL INGUINAL HERNIA WITH OBSTRUCTION
550.13	Yes	RECURRENT BILATERAL INGUINAL HERNIA WITH OBSTRUCTION

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550.9	Yes	INGUINAL HERNIA WITHOUT MENTION OF OBSTR OR GANGRENE
550.90	Yes	UNILATERAL INGUINAL HERNIA
550.91	Yes	RECURRENT UNILATERAL INGUINAL HERNIA
550.92	Yes	BILATERAL INGUINAL HERNIA
550.93	Yes	RECURRENT BILATERAL INGUINAL HERNIA
553	Yes	OTHER ABDOMINAL HERNIA, (OBSTR OR GANGRENE NOS)
553.0	Yes	FEMORAL HERNIA
553.00	Yes	UNILATERAL OR UNSP FEMORAL HERNIA (RECURRENT NOS)
553.01	Yes	RECURRENT UNILATERAL OR UNSPECIFIED FEMORAL HERNIA
553.02	Yes	BILATERAL FEMORAL HERNIA (RECURRENT NOS)
553.03	Yes	RECURRENT BILATERAL FEMORAL HERNIA
553.1	No	UMBILICAL HERNIA
553.2	Yes	VENTRAL HERNIA
553.20	Yes	VENTRAL HERNIA NOS
553.29	Yes	OTHER SPECIFIED VENTRAL HERNIA
553.3	Yes	DIAPHRAGMATIC HERNIA
553.8	Yes	HERNIA OF OTHER SPECIFIED SITES
553.9	Yes	HERNIA OF UNSPECIFIED SITE
560.0	No	INTUSSUSCEPTION
560.1	No	PARALYTIC ILEUS
560.2	Yes	VOLVULUS OF INTESTINE
560.9	Yes	INTESTINAL OBSTRUCT NOS
565.0	No	ANAL FISSURE
565.1	Yes	ANAL FISTULA
569.2	Yes	RECTAL AND ANAL STENOSIS
569.81	Yes	INTESTINAL FISTULA, EXCLUDING RECTUM AND ANUS
593.1	No	HYPERTROPHY OF KIDNEY
593.3	Yes	STRICTURE OR KINKING OF URETER
593.5	Yes	HYDROURETER
593.82	Yes	URETERAL FISTULA
596.1	Yes	INTESTINOVESICAL FISTULA
596.2	Yes	VESICAL FISTULA NEC
598.9	Yes	URETHRAL STRICTURE NOS
599.1	Yes	URETHRAL FISTULA
599.6	Yes	URINARY OBSTRUCTION NOS
605	No	REDUNDANT PREPUCE AND PHIMOSIS
608.2	No	TORSION OF TESTIS
611.1	No	HYPERTROPHY OF BREAST
619	Yes	FEMALE GENITAL TRACT FISTULA
619.0	Yes	URINARY-GENITAL TRACT FISTULA, FEMALE
619.1	Yes	DIGESTIVE-GENITAL TRACT FISTULA, FEMALE
619.2	Yes	GENITAL TRACT-SKIN FISTULA, FEMALE
619.8	Yes	FEMALE GENITAL TRACT FISTULA NEC
619.9	Yes	FEMALE GENITAL TRACT FISTULA NOS
653.7	Yes	OTHER FETAL ABNORMALITY CAUSING DISPROPORTION
658	Yes	OTHER PROBLEMS OF AMNIOTIC CAVITY AND MEMBRANES
658.8	Yes	OTHER UNSPEC ANTEPARTUM AMNIOTIC/MEMBRANE PROB
658.81	Yes	AMNIOTIC CAVITY AND MEMBR PROB, ANTEPARTUM UNSPEC
658.83	Yes	OTHER ANTEPARTUM CONDITION OR COMPLICATION
685.1	No	PILONIDAL CYST WITHOUT MENTION OF ABCESS
728.84	No	DIASTASIS RECTI

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733	Yes	OTHER DISORDERS OF BONE AND CARTILAGE
733.3	Yes	HYPEROSTOSIS OF SKULL
740	Yes	ANENCEPHALUS AND SIMILAR ANOMALIES
740.0	Yes	ANENCEPHALUS
740.1	Yes	CRANIORACHISCHISIS
740.2	Yes	INIENCEPHALY
741	Yes	SPINA BIFIDA
741.0	Yes	SPINA BIFIDA WITH HYDROCEPHALUS
741.00	Yes	SPINA BIFIDA WITH HYDROCEPHALUS NOS
741.01	Yes	SPINA BIFIDA WITH HYDROCEPHALUS - CERVICAL
741.02	Yes	SPINA BIFIDA WITH HYDROCEPHALUS - DORSAL REGION
741.03	Yes	SPINAL BIFIDA WITH HYDROCEPHALUS - LUMBAR REGION
741.9	Yes	SPINA BIFIDA WITHOUT MENTION OF HYDROCEPHALUS
741.90	Yes	SPINA BIFIDA WITHOUT HYDROCEPHALUS, UNSPEC REGION
741.91	Yes	SPINA BIFIDA WITHOUT HYDROCEPHALUS, CERVICAL
741.92	Yes	SPINA BIFIDA WITHOUT HYDROCEPHALUS, DORSAL
741.93	Yes	SPINA BIFIDA WITHOUT HYDROCEPHALUS, LUMBAR
742	Yes	OTHER CONGENITAL NERVOUS SYSTEM ANOMALIES
742.0	Yes	ENCEPHALOCELE
742.1	Yes	MICROCEPHALUS
742.2	Yes	REDUCTION DEFORMITY, BRAIN
742.3	Yes	CONGENITAL HYDROCEPHALUS
742.4	Yes	BRAIN ANOMALY NEC
742.5	Yes	SPINAL CORD ANOMALY NEC
742.51	Yes	DIASTEMATOMYELIA
742.53	Yes	HYDROMYELIA
742.59	Yes	OTHER SPECIFIED SPINAL CORD ANOMALY
742.8	Yes	OTHER SPECIFIED ANOMALIES OF NERVOUS SYSTEM
742.9	Yes	UNSPEC ANOM BRAIN, SPINAL CORD, AND NERVOUS SYSTEM
743	Yes	CONGENITAL EYE ANOMALIES
743.0	Yes	ANOPHTHALMOS
743.00	Yes	CLINICAL ANOPHTHALMOS NOS
743.03	Yes	CONGENITAL CYSTIC EYEBALL
743.06	Yes	CRYPTOPHTHALMOS
743.1	Yes	MICROPHTHALMOS
743.10	Yes	MICROPHTHALMOS NOS
743.11	Yes	SIMPLE MICROPHTHALMOS
743.12	Yes	MICROPHTHALMOS ASSOC WITH ANOM OF EYE & ADNEXA NEC
743.2	Yes	BUPHTHALMOS
743.20	Yes	BUPHTHALMOS NOS
743.21	Yes	SIMPLE BUPHTHALMOS
743.22	Yes	BUPHTHALMOS WITH OTHER OCULAR ANOMALIES
743.3	Yes	CONGENITAL CATARACT/LENS ANOMALIES
743.30	Yes	CONGENITAL CATARACT NOS
743.31	Yes	CAPSULAR AND SUBCAPSULAR CATARACT
743.32	Yes	CORTICAL/ZONULAR CATARACT
743.33	Yes	NUCLEAR CATARACT
743.34	Yes	TOTAL AND SUBTOTAL CATARACT, CONGENITAL
743.35	Yes	CONGENITAL APHAKIA
743.36	Yes	ANOMALIES OF LENS SHAPE
743.37	Yes	CONGENITAL ECTOPIC LENS
743.39	Yes	CONGENITAL CATARACT/LENS ANOMALIES NEC

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743.4	Yes	COLOBOMA AND OTHER ANTERIOR SEGMENT ANOMALIES
743.41	Yes	ANOMALIES OF CORNEAL SIZE AND SHAPE
743.42	Yes	CONGENITAL CORNEA OPACITIES AFFECTING VISION
743.43	Yes	OTHER CONGENITAL CORNEAL OPACITIES NEC
743.44	Yes	SPEC ANOMALIES OF ANTERIOR CHAMBER,CHAMBER ANGLE
743.45	Yes	ANIRIDIA
743.46	Yes	ANOMALIES OF IRIS AND CILIARY BODY NEC
743.47	Yes	SPECIFIED ANOMALIES OF SCLERA
743.48	Yes	MULTIPLE AND COMBINED ANOMALIES OF ANTERIOR SEG
743.49	Yes	OTHER ANOMALIES OF ANTERIOR SEGMENT NEC
743.5	Yes	CONGENITAL ANOMALIES OF POSTERIOR SEGMENT
743.51	Yes	VITREOUS ANOMALIES
743.52	Yes	FUNDUS COLOBOMA
743.53	Yes	CONGENITAL CHORIORETINAL DEGENERATION
743.54	Yes	CONGENITAL FOLDS/CYSTS OF POSTERIOR SEGMENT
743.55	Yes	CONGENITAL MACULAR CHANGES
743.56	Yes	CONGENITAL RETINAL CHANGES NEC
743.57	Yes	SPECIFIED OPTIC DISC ANOMALIES
743.58	Yes	VASCULAR ANOMALIES - POSTERIOR SEGMENT
743.59	Yes	POSTERIOR SEGMENT ANOMALIES NEC
743.6	Yes	CONG ANOMALIES OF EYELIDS, LACRIMAL SYSTEM, ORBIT
743.61	Yes	CONGENITAL PTOSIS
743.62	Yes	CONGENITAL EYELID DEFORMITIES
743.63	Yes	SPECIFIED CONGENITAL ANOMALIES OF EYELID NEC
743.64	Yes	SPECIFIED LACRIMAL GLAND ANOMALIES
743.65	Yes	SPECIFIED CONGENITAL ANOMALIES OF LACRIMAL PASSAGE
743.66	Yes	SPECIFIED ANOMALIES OF ORBIT, CONGENITAL
743.69	Yes	OTHER EYELID, ORBIT OR LACRIMAL SYSTEM ANOMALIES
743.8	Yes	EYE ANOMALIES NEC
743.9	Yes	EYE ANOMALY NOS
744	Yes	CONGENITAL ANOMALIES OF EAR, FACE, NECK
744.0	Yes	EAR ANOMALIES WITH HEARING IMPAIRMENT
744.00	Yes	UNSPEC ANOMALY OF EAR NOS WITH IMPAIRED HEARING
744.01	Yes	CONGENITAL ABSENCE OF EXTERNAL EAR
744.02	Yes	EXTERNAL EAR ANOMALIES WITH IMPAIRMENT OF HEARING
744.03	Yes	MIDDLE EAR ANOMALY, EXCEPT OSSICLES
744.04	Yes	ANOMALIES OF EAR OSSICLES
744.05	Yes	ANOMALIES OF INNER EAR
744.09	Yes	EAR ANOMALIES NEC WITH HEARING IMPAIRMENT
744.1	Yes	ACCESSORY AURICLE
744.2	Yes	EAR ANOMALIES NEC
744.21	Yes	CONGENITAL ABSENCE OF EAR LOBE
744.22	Yes	MACROTIA
744.23	Yes	MICROTIA
744.24	Yes	EUSTACHIAN TUBE ANOMALIES NEC
744.29	Yes	EAR ANOMALIES NEC
744.3	Yes	EAR ANOMALY NOS
744.4	Yes	BRANCHIAL CLEFT, CYST OR FISTULA; PREAURIC SINUS
744.41	Yes	BRANCHIAL CLEFT SINUS OR FISTULA (VESTIGE)
744.42	Yes	BRANCHIAL CLEFT CYST
744.43	Yes	CERVICAL AURICLE
744.46	Yes	PREAURICULAR SINUS OR FISTULA

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744.47	Yes	PREAURICULAR CYST
744.49	Yes	BRANCHIAL CLEFT ANOMALIES NEC
744.5	Yes	WEBBING OF NECK
744.8	Yes	SPEC CONGENITAL ANOMALIES OF FACE AND NECK NEC
744.81	Yes	MACROCHEILIA
744.82	Yes	MICROCHEILIA
744.83	Yes	MACROSTOMIA
744.84	Yes	MICROSTOMIA
744.89	Yes	OTHER SPEC CONGEN ANOMALIES OF THE FACE AND NECK
744.9	Yes	CONGENITAL ANOMALIES OF FACE AND NECK NOS
745	Yes	BULBUS CORDIS AND CARDIAC SEPTAL CLOSURE ANOMALIES
745.0	Yes	COMMON TRUNCUS
745.1	Yes	TRANSPOSITION OF GREAT VESSELS
745.10	Yes	COMPLETE TRANSPOSITION OF GREAT VESSELS
745.11	Yes	DOUBLE OUTLET RIGHT VENTRICLE
745.12	Yes	CORRECTED TRANSPOSITION OF GREAT VESSELS
745.19	Yes	TRANSPOSITION OF GREAT VESSELS NEC
745.2	Yes	TETRALOGY OF FALLOT
745.3	Yes	COMMON VENTRICLE
745.4	Yes	VENTRICULAR SEPTAL DEFECT
745.5	Yes	OSTIUM SECUNDUM TYPE ATRIAL SEPTAL DEFECT
745.6	Yes	ENDOCARDIAL CUSHION DEFECTS
745.60	Yes	ENDOCARDIAL CUSHION DEFECT, NOS
745.61	Yes	OSTIUM PRIMUM DEFECT
745.69	Yes	ENDOCARDIAL CUSHION DEFECT NEC
745.7	Yes	COR BILOCULARE
745.8	Yes	SEPTAL CLOSURE ANOMALIES NEC
745.9	Yes	SEPTAL CLOSURE ANOMALIES NOS
746	Yes	OTHER CONGENITAL ANOMALIES OF HEART
746.0	Yes	PULMONARY VALVE ANOMALIES
746.00	Yes	PULMONARY VALVE ANOMALY NOS
746.01	Yes	CONGENITAL PULMONARY VALVE ATRESIA
746.02	Yes	CONGENITAL PULMONARY VALVE STENOSIS
746.09	Yes	PULMONARY VALVE ANOMALY NEC
746.1	Yes	CONGENITAL TRICUSPID ATRESIA AND STENOSIS
746.2	Yes	EBSTEIN'S ANOMALY
746.3	Yes	CONGENITAL STENOSIS OF AORTIC VALVE
746.4	Yes	CONGENITAL INSUFFICIENCY OF AORTIC VALVE
746.5	Yes	CONGENITAL MITRAL STENOSIS
746.6	Yes	CONGENITAL MITRAL INSUFFICIENCY
746.7	Yes	HYPOPLASTIC LEFT HEART SYNDROME
746.8	Yes	CONGENITAL HEART ANOMALY NEC
746.81	Yes	CONGENITAL SUBAORTIC STENOSIS
746.82	Yes	COR TRIATRIATUM
746.83	Yes	INFUNDIBULAR PULMONIC STENOSIS
746.84	Yes	OBSTRUCTIVE ANOMALIES OF HEART NEC
746.85	Yes	CORONARY ARTERY ANOMALY
746.86	Yes	CONGENITAL HEART BLOCK
746.87	Yes	MALPOSITION OF HEART AND CARDIAC APEX
746.89	Yes	CONGENITAL ANOMALIES OF HEART NEC
746.9	Yes	CONGENITAL ANOMALIES OF HEART NOS
747	No	OTHER CONGENITAL ANOMALIES OF CIRCULATORY SYSTEM

LISTING OF DEFECTS CODE
MICHIGAN BIRTH DEFECTS REPORTING SYSTEM
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ICD 9 CODE EDITION	REPORTABLE ALONE	CODE DESCRIPTION
747.0	No	PATENT DUCTUS ARTERIOSUS (live births 2,500g up)
747.1	Yes	COARCTATION OF AORTA
747.10	Yes	COARCTATION OF AORTA (PREDUCTAL) (POSTDUCTAL)
747.11	Yes	INTERRUPTION OF AORTIC ARCH
747.2	Yes	CONGENITAL ANOMALIES OF AORTA NEC
747.20	Yes	CONGENITAL ANOMALIES OF AORTA NOS
747.21	Yes	ANOMALIES OF AORTIC ARCH
747.22	Yes	AORTIC ATRESIA/STENOSIS
747.29	Yes	CONGENITAL ANOMALIES OF AORTA NEC
747.3	Yes	PULMONARY ARTERY ANOMALIES
747.4	Yes	ANOMALIES OF GREAT VEINS
747.40	Yes	GREAT VEIN ANOMALY NOS
747.41	Yes	TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION
747.42	Yes	PARTIAL ANOMALOUS PULMONARY VENOUS CONNECTION
747.49	Yes	GREAT VEIN ANOMALY NEC
747.5	Yes	ABSENCE OR HYPOPLASIA OF UMBILICAL ARTERY
747.6	Yes	PERIPHERAL VASCULAR ANOMALIES NEC
747.8	Yes	CIRCULATORY ANOMALIES NEC
747.81	Yes	CEREBROVASCULAR SYSTEM ANOMALIES
747.89	Yes	CIRCULATORY ANOMALY NEC
747.9	Yes	CIRCULATORY ANOMALY NOS
748	Yes	CONGENITAL RESPIRATORY SYSTEM ANOMALIES
748.0	Yes	CHOANAL ATRESIA
748.1	Yes	NOSE ANOMALY NEC
748.2	Yes	LARYNGEAL WEB
748.3	Yes	OTHER ANOMALIES OF LARYNX, TRACHEA, AND BRONCHUS
748.4	Yes	CONGENITAL CYSTIC LUNG
748.5	Yes	AGENESIS, HYPOPLASIA AND DYSPLASIA OF LUNG
748.6	Yes	OTHER ANOMALIES OF LUNG
748.60	Yes	LUNG ANOMALY NOS
748.61	Yes	CONGENITAL BRONCHIECTASIS
748.69	Yes	LUNG ANOMALY NEC
748.8	Yes	RESPIRATORY SYSTEM ANOMALY NEC
748.9	Yes	RESPIRATORY SYSTEM ANOMALY NOS
749	Yes	CLEFT PALATE AND CLEFT LIP
749.0	Yes	CLEFT PALATE
749.00	Yes	CLEFT PALATE NOS
749.01	Yes	UNILATERAL CLEFT PALATE, COMPLETE
749.02	Yes	UNILATERAL CLEFT PALATE, INCOMPLETE
749.03	Yes	BILATERAL CLEFT PALATE, COMPLETE
749.04	Yes	BILATERAL CLEFT PALATE, INCOMPLETE
749.1	Yes	CLEFT LIP
749.10	Yes	CLEFT LIP NOS
749.11	Yes	UNILATERAL CLEFT LIP, COMPLETE
749.12	Yes	UNILATERAL CLEFT LIP, INCOMPLETE
749.13	Yes	BILATERAL CLEFT LIP, COMPLETE
749.14	Yes	BILATERAL CLEFT LIP, INCOMPLETE
749.2	Yes	CLEFT PALATE WITH CLEFT LIP
749.20	Yes	CLEFT PALATE AND LIP NOS
749.21	Yes	UNILATERAL CLEFT PALATE WITH CLEFT LIP, COMPLETE
749.22	Yes	UNILATERAL CLEFT PALATE AND LIP, INCOMPLETE
749.23	Yes	BILATERAL CLEFT PALATE AND LIP, COMPLETE

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MICHIGAN BIRTH DEFECTS REPORTING SYSTEM
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ICD 9 CODE EDITION	REPORTABLE ALONE	CODE DESCRIPTION
749.24	Yes	BILATERAL CLEFT PALATE AND LIP, INCOMPLETE
749.25	Yes	CLEFT PALATE AND LIP NEC
750	No	OTHER CONGEN ANOMALIES OF UPPER ALIMENTARY TRACT
750.0	No	TONGUE TIE - ANKYLOGLOSSIA
750.1	Yes	TONGUE ANOMALY NEC
750.10	Yes	TONGUE ANOMALY NOS
750.11	Yes	AGLOSSIA
750.12	No	CONGENITAL ADHESIONS OF THE TONGUE
750.13	Yes	CONGENITAL FISSURE OF TONGUE
750.15	Yes	CONGENITAL MACROGLOSSIA
750.16	Yes	MICROGLOSSIA
750.19	Yes	TONGUE ANOMALY NEC
750.2	Yes	OTHER SPECIFIED ANOMALIES OF MOUTH AND PHARYNX
750.21	Yes	SALIVARY GLAND ABSENCE
750.22	Yes	ACCESSORY SALIVARY GLAND
750.23	Yes	CONGENITAL ATRESIA, SALIVARY DUCT
750.24	Yes	CONGENITAL SALIVARY GLAND FISTULA
750.25	Yes	CONGENITAL LIP FISTULA
750.26	Yes	MOUTH ANOMALY NEC
750.27	Yes	DIVERTICULUM OF PHARYNX
750.29	Yes	PHARYNGEAL ANOMALY NEC
750.3	Yes	TRACHEOESOPH FISTULA, ESOPH ATRESIA & STENOSIS
750.4	Yes	ESOPHAGEAL ANOMALY NEC
750.5	Yes	CONGENITAL HYPERTROPHIC PYLORIC STENOSIS
750.6	Yes	CONGENITAL HIATUS HERNIA
750.7	Yes	GASTRIC ANOMALY NEC
750.8	Yes	OTHER SPEC ANOMALIES OF UPPER ALIMENTARY TRACT
750.9	Yes	UNSPECIFIED ANOMALY OF UPPER ALIMENTARY TRACT NEC
751	Yes	OTHER CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM
751.0	Yes	MECKEL'S DIVERTICULUM
751.1	Yes	ATRESIA AND STENOSIS OF SMALL INTESTINE
751.2	Yes	ATRESIA AND STENOSIS OF COLON, RECTUM, AND ANUS
751.3	Yes	HIRSCHSPRUNG'S DISEASE, OTHER DISFUNCTION OF COLON
751.4	Yes	INTESTINAL FIXATION ANOMALIES
751.5	Yes	INTESTINAL ANOMALY NEC
751.6	Yes	ANOMALIES OF GALLBLADDER, BILE DUCTS AND LIVER
751.60	Yes	UNSPEC ANOMALY OF GALLBLADDER BILE DUCTS AND LIVER
751.61	Yes	BILIARY ATRESIA
751.62	Yes	CONGENITAL CYSTIC LIVER DISEASE
751.69	Yes	OTHER ANOMALY OF GALLBLADDER BILE DUCTS AND LIVER
751.7	Yes	PANCREAS ANOMALIES
751.8	Yes	OTHER SPECIFIED ANOMALIES OF DIGESTIVE SYSTEM NEC
751.9	Yes	UNSPECIFIED ANOMALY OF DIGESTIVE SYSTEM
752	Yes	CONGENITAL ANOMALIES OF GENITAL ORGANS
752.0	Yes	ANOMALIES OF OVARIES
752.1	Yes	ANOMALIES OF FALLOPIAN TUBES AND BROAD LIGAMENTS
752.10	Yes	UNSPEC ANOMALY OF FALLOPIAN TUBES, BROAD LIGAMENT
752.11	Yes	EMBRYONIC CYST OF FALLOPIAN TUBES, BROAD LIGAMENT
752.19	Yes	TUBAL/BROAD LIGAMENT ANOMALIES NEC
752.2	Yes	DOUBLING OF UTERUS
752.3	Yes	UTERINE ANOMALY NEC
752.4	Yes	ANOMALIES OF CERVIX, VAGINA, EXT FEMALE GENITALIA

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ICD 9 CODE EDITION	REPORTABLE ALONE	CODE DESCRIPTION
752.40	Yes	UNSPEC ANOMALY CERVIX, VAGINA, EXT FEMALE GENITALS
752.41	Yes	EMBRYONIC CYST CERVIX, VAGINA, EXT FEMALE GENITALS
752.42	Yes	IMPERFORATE HYMEN
752.49	Yes	OTHER ANOMALIES CERVIX, VAGINA, EXT FEMALE GENITAL
752.5	Yes	UNDESCENDED TESTICLE (live births 2,500g up)
752.51	Yes	UNDESCENDED TESTIS
752.52	No	RETRACTILE TESTIS
752.6	Yes	HYPOSPADIAS AND EPISPADIAS
752.61	Yes	HYPOSPADIAS
752.62	Yes	EPISPADIAS
752.63	Yes	CONGENITAL CHORDEE
752.64	Yes	MICROPENIS
752.65	Yes	HIDDEN PENIS
752.69	Yes	OTHER PENILE ABNORMALITIES
752.7	Yes	INDETERMINATE SEX AND PSEUDOHERMAPHRODITISM
752.8	Yes	OTHER SPECIFIED ANOMALIES OF GENITAL ORGANS
752.9	Yes	GENITAL ORGAN ANOMALY NOS
753	Yes	URINARY SYSTEM ANOMALIES
753.0	Yes	RENAL AGENESIS AND DYSGENESIS
753.1	Yes	CYSTIC KIDNEY DISEASE
753.10	Yes	CYSTIC KIDNEY DISEASE, UNSPECIFIED
753.11	Yes	CONGENITAL SINGLE RENAL CYST
753.12	Yes	POLYCYSTIC KIDNEY, UNSPECIFIED TYPE
753.13	Yes	POLYCYSTIC KIDNEY, AUTOSOMAL DOMINANT
753.14	Yes	POLYCYSTIC KIDNAY, AUTOSOMAL RECESSIVE
753.15	Yes	RENAL DYSPLASIA
753.16	Yes	MEDULLARY CYSTIC KIDNEY
753.17	Yes	MEDULLARY SPONGE KIDNEY
753.19	Yes	OTHER SPECIFIED CYSTIC KIDNEY DISEASE
753.2	Yes	OBSTRUCTIVE DEFECTS OF RENAL PELVIS AND URETER
753.20	Yes	UNSPECIFIED OBSTRUCTION OF RENAL PELVIS AND URETER
753.21	Yes	CONGENITAL OBSTRUCTION OF URETEROPELVIC JUNCTION
753.22	Yes	CONGENITAL OBSTRUCTION OF THE URETOVESICAL JUNCTION
753.23	Yes	CONGENITAL URETEROCELE
753.29	Yes	OTHER OBSTRUCTIVE DEFECT - RENAL PELVIS AND URETER
753.3	Yes	KIDNEY ANOMALY NEC
753.4	Yes	URETERAL ANOMALY NEC
753.5	Yes	URINARY BLADDER EXSTROPHY
753.6	Yes	ATRESIA AND STENOSIS OF URETHRA AND BLADDER NECK
753.7	Yes	ANOMALIES OF URACHUS
753.8	Yes	OTHER SPECIFIED ANOMALIES OF BLADDER AND URETHRA
753.9	Yes	URINARY ANOMALY NOS
754	Yes	CONGENITAL MUSCULOSKELETAL DEFORMITIES
754.0	No	CONGENITAL SQUASHED OR BENT NOSE
754.1	Yes	CONGENITAL STERNOCLEIDOMASTOID MUSCLE
754.2	Yes	CONGENITAL POSTURAL DEFORMITY (SPINE)
754.3	Yes	CONGENITAL HIP DISLOCATION
754.30	Yes	CONGENITAL DISLOCATION OF HIP, UNILATERAL
754.31	Yes	CONGENITAL DISLOCATION OF HIP, BILATERAL
754.32	No	CONGENITAL SUBLUXATION OFHIP, UNILATERAL
754.33	No	CONGENITAL SUBLUXATION OF HIP, BILATERAL

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MICHIGAN BIRTH DEFECTS REPORTING SYSTEM
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ICD 9 CODE EDITION	REPORTABLE ALONE	CODE DESCRIPTION
754.35	Yes	CONGENITAL DISLOCATION OF ONE HIP WITH SUBLUXATION
754.4	Yes	CONGENITAL GENU RECURVATUM AND BOWING OF LONG BONE
754.40	Yes	GENU RECURVATUM
754.41	Yes	CONGENITAL KNEE DISLOCATION (with genu recurvatum)
754.42	Yes	CONGENITAL BOWING OF FEMUR
754.43	No	CONGENITAL BOWING OF TIBIA AND FIBIA
754.44	Yes	CONGENITAL BOWING OF UNSPECIFIED LONG BONES OF LEG
754.5	Yes	CONGENITAL VARUS DEFORMITIES FEET
754.50	Yes	TALIPES VARUS
754.51	Yes	TALIPES EQUINOVARUS
754.52	Yes	METATARSUS PRIMUS VARUS
754.53	Yes	METATARSUS VARUS
754.59	Yes	CONGENITAL VARUS FOOT DEFORMITIES NEC
754.6	Yes	CONGENITAL VALGUS DEFORMITIES OF FEET
754.60	Yes	TALIPES VALGUS
754.61	No	CONGENITAL PES PLANUS
754.62	No	TALIPES CALCANEOVVALGUS
754.69	Yes	CONGENITAL VALGUS FOOT DEFORMITIES NEC
754.7	Yes	OTHER CONGENITAL FOOT DEFORMITIES
754.70	Yes	TALIPES NOS
754.71	Yes	TALIPES CAVUS
754.79	Yes	OTHER CONGENITAL FOOT DEFORMITIES NEC
754.8	Yes	OTHER SPECIFIED NONTERATOGENIC ANOMALIES
754.81	Yes	PECTUS EXCAVATUM
754.82	Yes	PECTUS CARINATUM
754.89	Yes	NONTERATOGENIC ANOMALIES NEC
755	Yes	OTHER CONGENITAL ANOMALIES OF LIMBS
755.0	Yes	POLYDACTYLY
755.00	Yes	POLYDACTYLY, UNSPECIFIED DIGITS
755.01	Yes	POLYDACTYLY OF FINGERS
755.02	Yes	POLYDACTYLY, TOES
755.1	Yes	SYNDACTYLY
755.10	Yes	SYNDACTYLY OF MULTIPLE AND UNSPECIFIED SITES
755.11	No	SYNDACTYLY OF FINGERS WITHOUT FUSION OF BONES
755.12	Yes	SYNDACTYLY OF FINGERS WITH FUSION OF BONE
755.13	No	SYNDACTYLY OF TOES WITHOUT FUSION OF BONES
755.14	Yes	SYNDACTYLY OF TOES WITH FUSION OF BONE
755.2	Yes	REDUCTION DEFORMITIES OF UPPER LIMB
755.20	Yes	REDUCTION DEFORMITY OF UPPER LIMB NOS
755.21	Yes	TRANSVERSE DEFICIENCY OF UPPER LIMB
755.22	Yes	LONGITUDINAL DEFICIENCY OF UPPER LIMB, NEC
755.23	Yes	LONGIT DEFICIENCY, INVOLVING HUMERUS, RADUS, ULNA
755.24	Yes	LONGIT DEFICIENCY OF HUMERUS, COMPLETE OR PARTIAL
755.25	Yes	LONGIT DEFICIENCY, RADIOULNAR, COMPLETE OR PARTIAL
755.26	Yes	LONGIT DEFICIENCY, RADIAL, COMPLETE OR PARTIAL
755.27	Yes	LONGIT DEFICIENCY, ULNAR, COMPLETE OR PARTIAL
755.28	Yes	LONGIT DEFICIT CARPALS OR METACARPALS, COMP/PART
755.29	Yes	LONGIT DEFICIENCY, PHALANGES, COMPLETE OR PARTIAL
755.3	Yes	REDUCTION DEFORMITIES OF LOWER LIMB
755.30	Yes	REDUCTION DEFORMITY OF LOWER LIMB NOS
755.31	Yes	TRANSVERSE DEFICIENCY OF LOWER LIMB

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MICHIGAN BIRTH DEFECTS REPORTING SYSTEM
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ICD 9 CODE EDITION	REPORTABLE ALONE	CODE DESCRIPTION
755.32	Yes	LONGITUDINAL DEFICIENCY OF LOWER LIMB, NEC
755.33	Yes	LONGIT DEFICIENCY INVOLVING FEMUR, TIBIA, FIBULA
755.34	Yes	LONGITUDINAL DEFICIENCY, FEMORAL, COMPLETE OR PART
755.35	Yes	LONGIT DEFICIENCY, TIBIOFIBULAR, COMPLETE OR PART
755.36	Yes	LONGIT DEFICIENCY, TIBIA, COMPLETE OR PARTIAL
755.37	Yes	LONGITUDINAL DEFICIENCY, FIBULAR, COMPLETE OR PART
755.38	Yes	LONGIT DEFICIT TARSALS OR METATARSALS, COMP/PART
755.39	Yes	LONGIT DEFICIENCY, PHALANGES, COMPLETE OR PARTIAL
755.4	Yes	REDUCTION DEFORMITIES, UNSPECIFIED LIMB
755.5	Yes	OTHER ANOMALIES OF UPPER LIMB, INCLUDING SHOULDER
755.50	Yes	UPPER LIMB ANOMALY NOS
755.51	Yes	CONGENITAL DEFORMITY OF CLAVICLE
755.52	Yes	CONGENITAL ELEVATION OF SCAPULA
755.53	Yes	RADIOULNAR SYNOSTOSIS
755.54	Yes	MADELUNG'S DEFORMITY
755.55	Yes	ACROCEPHALOSYNDACTYLY
755.56	Yes	ACCESSORY CARPAL BONES
755.57	Yes	MACRODACTYLIA (FINGERS)
755.58	Yes	CONGENITAL CLEFT HAND
755.59	Yes	UPPER LIMB ANOMALY NEC
755.6	Yes	OTHER ANOMALIES OF LOWER LIMB, INCL PELVIC GIRDLE
755.60	Yes	LOWER LIMB ANOMALY INCLUDING PELVIC GIRDLE NOS
755.61	Yes	CONGENITAL COXA VALGA
755.62	Yes	CONGENITAL COXA VARA
755.63	Yes	CONGENITAL HIP (JOINT) DEFORMITY NEC
755.64	Yes	CONGENITAL KNEE (JOINT) DEFORMITY
755.65	Yes	MACRODACTYLIA OF TOES
755.66	No	ANOMALIES OF TOES NEC
755.67	Yes	ANOMALIES OF FOOT NEC
755.69	Yes	LOWER LIMB ANOMALY NEC
755.8	Yes	CONGENITAL LIMB ANOMALY NEC
755.9	Yes	CONGENITAL LIMB ANOMALY NOS
756	Yes	OTHER CONGENITAL MUSCULOSKELETAL ANOMALIES
756.0	Yes	ANOMALIES OF SKULL AND FACE BONES
756.1	Yes	ANOMALIES OF SPINE
756.10	Yes	ANOMALY OF SPINE NOS
756.11	Yes	SPONDYLOLYSIS, LUMBOSACRAL REGION
756.12	Yes	SPONDYLOLISTHESIS
756.13	Yes	CONGENITAL ABSENCE OF VERTEBRA
756.14	Yes	HEMIVERTEBRA
756.15	Yes	CONGENITAL FUSION OF SPINE (VERTEBRA)
756.16	Yes	KLIPPEL-FEIL SYNDROME
756.17	Yes	SPINA BIFIDA OCCULTA
756.19	Yes	ANOMALY OF SPINE NEC
756.2	Yes	CERVICAL RIB
756.3	Yes	RIB AND STERNUM ANOMALIES NEC
756.4	Yes	CHONDRODYSTROPHY
756.5	Yes	OSTEODYSTROPHIES
756.50	Yes	OSTEODYSTROPHY NOS
756.51	Yes	OSTEOGENESIS IMPERFECTA
756.52	Yes	OSTEOPETROSIS
756.53	Yes	OSTEOPOIKILOSIS

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ICD 9 CODE EDITION	REPORTABLE ALONE	CODE DESCRIPTION
756.54	Yes	POLYOSTOTIC FIBROUS DYSPLASIA OF BONE
756.55	Yes	CHONDROECTODERMAL DYSPLASIA
756.56	Yes	MULTIPLE EPIPHYSEAL DYSPLASIA
756.59	Yes	OSTEODYSTROPHY NEC
756.6	Yes	ANOMALIES OF DIAPHRAGM
756.7	Yes	ABDOMINAL WALL ANOMALIES
756.8	Yes	OTHER SPECIFIED SOFT TISSUE ANOMALIES
756.81	Yes	ABSENCE OF MUSCLE/TENDON
756.82	Yes	ACCESSORY MUSCLE ANOMALIES
756.83	Yes	EHLERS-DANLOS SYNDROME
756.89	Yes	SOFT TISSUE ANOMALY NEC
756.9	Yes	MUSCULOSKELETAL SYSTEM ANOMALIES NEC/NOS
757	Yes	CONGENITAL ANOMALIES OF THE INTEGUMENT
757.0	Yes	HEREDITARY EDEMA OF LEGS
757.1	Yes	ICHTHYOSIS CONGENITA
757.2	Yes	DERMATOGLYPHIC ANOMALIES
757.3	Yes	OTHER SPECIFIED SKIN ANOMALIES
757.31	Yes	CONGENITAL ECTODERMAL DYSPLASIA
757.32	No	PORT WINE STAIN
757.33	Yes	CONGENITAL SKIN PIGMENT ANOMALIES
757.39	Yes	SKIN ANOMALY NEC
757.4	Yes	HAIR ANOMALIES NEC
757.5	Yes	NAIL ANOMALIES NEC
757.6	Yes	BREAST ANOMALIES NEC
757.8	Yes	OTHER INTEGUMENT ANOMALIES
757.9	Yes	INTEGUMENT ANOMALY NOS
758	Yes	CHROMOSOMAL ANOMALIES
758.0	Yes	DOWN'S SYNDROME
758.1	Yes	PATAU'S SYNDROME
758.2	Yes	EDWARDS' SYNDROME
758.3	Yes	AUTOSOMAL DELETION SYNDROMES
758.4	Yes	BALANCED AUTOSOMAL TRANSLOC IN NORMAL INDIVIDUAL
758.5	Yes	AUTOSOMAL ANOMALIES NEC
758.6	Yes	GONADAL DYSGENESIS
758.7	Yes	KLINEFELTER'S SYNDROME
758.8	Yes	SEX CHROMOSOME ANOMALIES NEC
758.81	Yes	OTHER CONDITIONS DUE TO SEX CHROMOSOME ANOMALIES
758.89	Yes	OTHER CONDITIONS DUE TO CHROMOSOME ANOMALIES
758.9	Yes	CONDITIONS DUE TO ANOMALY OF UNSPEC CHROMOSOME
759	Yes	OTHER AND UNSPECIFIED CONGENITAL ANOMALIES
759.0	Yes	ANOMALIES OF SPLEEN
759.1	Yes	ADRENAL GLAND ANOMALY
759.2	Yes	ANOMALIES OF OTHER ENDOCRINE GLANDS
759.3	Yes	SITUS INVERSUS
759.4	Yes	CONJOINED TWINS
759.5	Yes	TUBEROUS SCLEROSIS
759.6	Yes	HAMARTOSES NEC
759.7	Yes	MULTIPLE CONGENITAL ANOMALIES, SO DESCRIBED
759.8	Yes	CONGENITAL ANOMALIES NEC
759.81	Yes	PRADER-WILLI SYNDROME
759.82	Yes	MARFAN SYNDROME
759.89	Yes	OTHER SPECIFIED ANOMALIES

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ICD 9 CODE EDITION	REPORTABLE ALONE	CODE DESCRIPTION
759.9	Yes	CONGENITAL ANOMALY, UNSPECIFIED
760	Yes	FETUS AFFECTED BY MATERNAL EXPOSURE TO SUBSTANCES
760.2	No	MATERNAL INFECTIONS AFFECTING FETUS
760.71	Yes	FETAL ALCOHOL SYNDROME
760.75	Yes	FETUS AFFECTED BY MATERNAL COCAINE
760.79	Yes	FETUS AFFECTED BY OTHER MATERNAL EXPOSURES
767.1	No	INJURIES TO SCALP
767.6	No	INJURY TO BRACHIAL PLEXUS
769	No	RESPIRATORY DISTRESS SYNDROME
770.2	No	INTERSTITIAL EMPHYSEMA AND RELATED CONDITIONS
770.7	No	CHRONIC RESPIRATORY DISEASE FROM PERINATAL PERIOD
771	Yes	INFECTIONS SPECIFIC TO THE PERINATAL PERIOD
771.0	Yes	CONGENITAL RUBELLA
771.1	Yes	CONGENITAL CYTOMEGALOVIRUS INFECTION
771.2	Yes	OTHER CONGENITAL INFECTIONS
771.6	No	NEONATAL CONJUNCTIVITIS AND DACRYOCYSTITIS
772.0	No	FETAL BLOOD LOSS
772.6	No	CUTANEOUS HEMORRHAGE IN FETUS OR NEWBORN
773.1	No	HEMOLYTIC DISEASE DUE TO ABO ISOIMMUNIZATION
773.3	No	HYDROPS FETALIS DUE TO ISOIMMUNIZATION
774.2	No	NEONATAL JAUNDICE ASSOCIATED WITH PRETERM DELIVERY
775.5	No	OTHER TRANSITORY NEONATAL ELECTROLYTE DISTURBANCES
775.7	No	LATE METABOLIC ACIDOSIS OF NEWBORN
777.1	No	MECONIUM OBSTRUCTION
777.6	No	PERINATAL INTESTINAL PERFORATION
778	Yes	CONDITIONS INVOL INTEGUMENT AND TEMP REGULATION
778.0	Yes	HYDROPS FETALIS NOT DUE TO ISOIMMUNIZATION
778.6	No	CONGENITAL HYDROCELE
779.8	No	OTHER SPECIFIED CONDITIONS IN PERINATAL PERIOD
785.2	No	UNDIAGNOSED CARDIAC MURMURS

APPENDIX

PUBLIC ACT 236 OF 1988

BIRTH DEFECTS REPORTING RULES

DEPARTMENT OF COMMUNITY HEALTH

OFFICE OF THE STATE REGISTRAR AND DIVISION OF HEALTH STATISTICS

BIRTH DEFECTS REPORTING

Filed with the Secretary of State on November 20, 1991
These rules take effect 15 days after filing with the Secretary of State

(By authority conferred on the department of public health by section 5721 of Act No. 368 of the Public Acts of 1978, as amended, being §333.5721 of the Michigan Compiled Laws)

R 325.9071 Definitions.

Rule 1. (1) As used in these rules:

(a) "Birth defect" means an abnormality of the body's structure or inherent function present at birth, whether the abnormality is detected at the time of delivery or becomes apparent at a later date.

(b) "Birth defects registry" means the data base that contains individual case level demographic and diagnostic information maintained by the department.

(c) "Department" means the department of public health.

(d) "Registrant" means a child age birth to 2 years who is diagnosed with a reportable birth defect in the state of Michigan.

(2) The terms "clinical laboratory" and "hospital," as defined in sections 20104 and 20106, respectively, of Act No. 368 of the Public Acts of 1978, as amended, being §§333.20104 and 333.20106 of the Michigan Compiled Laws, have the same meanings when used in these rules.

R 325.9072 Reportable defects.

Rule 2. (1) Reportable defects are those defects identified by the following selected codes listed in the publication entitled "International Classifications of Diseases, 9th Revision, Clinical Modification":

090.0-090.49
090.9
237.7
243
252.1
253.2
253.8
255.2
255.8
257.8
259.4
270.0-271.9
272.0-273.9
275.3
277.0-277.9
279.11
279.2
282.0-282.9
284.0
286.0-286.4
286.6
286.9
287.3
330.1
331.7
331.89-331.9
334.1-334.2
335.0
337.9
343.9
345.6
348.0
352.6
356.0-356.9
358.0-359.3
359.8-359.9
362.2-362.29
362.6-362.66
363.20
369.0-369.9
377.16
378.0-378.9
379.5-379.59
389.9
425.0-425.1
425.3-425.4
426.0-427.42
427.8-427.9
434.0-434.9
453.0
520.0-520.2
520.4-520.5
520.8-520.9
524.0-524.1
537.1
550.0-550.93
553.0-553.9
560.2
560.9
565.1
569.2
569.81
593.3
593.5
593.82
596.1-596.2
598.9
599.1
599.6
619.0-619.9
653.7
658.8
658.81
658.83
733.3
740.0-759.9
760.71
760.75
771.0-771.2
778.0

The descriptions of the selected codes listed in this publication are adopted by reference in R 325.9076.

(2) Diagnoses of birth defects that occur in children from birth to 2 years old shall be reported to the department in a manner that is consistent with these rules. This rule applies whether or not a child dies before the age of 2.

(3) Diagnoses shall be reported by hospitals. The administrative officer of each reporting facility shall be responsible for establishing the reporting procedures at that facility. These procedures shall ensure that every child from birth to 2 years of age who is diagnosed either in the facility-operated inpatient or outpatient setting as having a birth defect shall be reported to the registry. If a child is transported to another facility, the health care facility at which a reportable diagnosis is first made is responsible for reporting.

(4) Diagnoses shall also be reported by clinical laboratories. The director of every laboratory that conducts postmortem examinations or cytogenetic tests shall report, to the department, any potential registrant who has a reportable birth defect.

(5) Reports shall be submitted within 30 days of a diagnosis in a form prescribed and approved by the department.

(6) Reports that are submitted on forms provided by the department or by electronic media shall meet data quality, format, and timeliness standards prescribed by the department, as described in the manual for completing the birth defects registry report form.

R 325.9073 Quality assurance.

Rule 3. (1) For the purposes of assuring the quality of submitted data, each reporting entity shall allow the department, with not less than five working days' notice and during reasonable working hours, to inspect the parts of a patient's medical records as necessary to verify the accuracy of the submitted data.

(2) A reporting entity shall, upon the request of the department, supply missing information, if known, or clarify information submitted to the department.

(3) Upon mutual agreement between a reporting entity and the department, the reporting entity may elect to submit copies of medical records instead of on-site inspection of the records by the department. Each copy of a medical record or part thereof that is submitted to the department pursuant to this rule shall be used only for verification of corresponding reported data, shall not be recopied by the department, and shall be kept in a locked file cabinet when not being used. Such copies shall be promptly destroyed following verification of the corresponding reported data or, if the reported data appears to be inaccurate, following clarification or correction of the reported data.

(4) Both of the following provisions shall be complied with to preserve the confidentiality of each patient's medical records:

(a) Each reporting entity, when requested, shall provide the department with, for inspection only, all of the following records and reports:

(i) Reports of diagnoses of birth defects and notations of the reasons for such diagnoses, including the primary clinician's reports and consultation reports.

(ii) Those parts of medical records that contain the specific information required to be reported.

(b) A reporting entity shall not be required by this rule to allow the inspection of any part of any patient's record other than those parts specified in subrule (1) of this rule. A reporting entity may allow the inspection of medical records from which parts, other than those specified, have been deleted, masked, crossed out, or otherwise rendered illegible.

R 325.9074 Confidentiality of reports.

Rule 4. (1) The department shall maintain the confidentiality of all reports of birth defects submitted to the department and shall not release such reports or any information which, because of name, identifying number, mark, or description, can be readily associated with a particular individual, except in accordance with the provisions of subrules (2), (3), (4), (5), and (6) of this rule. The department shall not release any information that would indicate whether or not the name of a particular person is listed in the registry, except in accordance with the provisions of subrules (2), (3), (4), (5), and (6) of this rule.

(2) A report of birth defects that is submitted to the department concerning a particular individual, and any other information maintained in the birth defects registry reporting system which, because of name, identifying number, mark, or description, can be readily associated with a particular individual, shall be released only as follows:

(a) To the particular individual upon compliance with both of the following provisions:

(i) Receipt of a written request which is signed by the particular individual and which is witnessed or notarized as required by the provisions of subrule (3) of this rule.

(ii) Presentation by the particular individual of suitable identification as required by the provisions of subrule (4) of this rule.

(b) If the particular individual is a minor, to a parent of the particular individual upon compliance with all of the following provisions:

(i) Receipt of a written request which is signed by the parent and which is witnessed or notarized as required by the provisions of subrule (3) of this rule.

(ii) Receipt of a certified copy of the birth certificate of the particular individual.

(iii) Presentation by the parent of suitable identification as required by the provisions of subrule (4) of this rule.

(c) If the particular individual has a court-appointed guardian or if the particular individual is deceased, to the court-appointed guardian or to the executor or administrator of the particular individual's estate upon compliance with all of the following provisions:

(i) Receipt of a written request which is signed by the court-appointed guardian, executor, or administrator and which is witnessed or notarized as required by the provisions of subrule (3) of this rule.

(ii) Receipt of a certified copy of the order or decree which appoints the guardian, executor, or administrator.

(iii) Presentation by the guardian, executor, or administrator of suitable identification as required by the provisions of subrule (4) of this rule.

(d) To an attorney or other person who is designated by the particular individual upon compliance with both of the following provisions:

(I) Receipt of a written request which is signed by the particular individual, which is witnessed or notarized as required by the provisions of subrule (3) of this rule, and which requests release of the information to the attorney or other person.

(ii) Presentation by the attorney or other person of suitable identification as required by the provisions of subrule (4) of this rule.

(e) To an attorney or other person who is designated by the court-appointed guardian of the particular individual or who is designated by the executor or administrator of the estate of the particular individual upon compliance with all of the following provisions:

(i) Receipt of a written request which is signed by the court-appointed guardian, executor, or administrator, which is witnessed or notarized as required by the provisions of subrule (3) of this rule, and which requests release of the information to the attorney or other person.

(ii) Receipt of a certified copy of the order or decree which appoints the guardian, executor, or administrator.

(iii) Presentation by the attorney or other person of suitable identification as required by the provisions of subrule (4) of this rule.

(f) If the particular individual is a minor, to an attorney or other person who is designated by the parent

of the particular individual upon compliance with all of the following provisions:

(i) Receipt of a written request which is signed by the parent, which is witnessed or notarized as required by the provisions of subrule (3) of this rule, and which requests release of the information to the attorney or other person.

(ii) Receipt of a certified copy of the birth certificate of the particular individual.

(iii) Presentation by the attorney or other person of suitable identification as required by the provisions of subrule (4) of this rule.

(3) Every written request for the release of information that is submitted pursuant to the provisions of subrule (2) of this rule shall be signed by the person who makes the written request. Such signature shall comply with either of the following provisions:

(a) Be witnessed by an employee of the department who has been designated to witness such requests and to whom the person making the request presents suitable identification as required by the provisions of subrule (4) of this rule.

(b) Be notarized by a notary public or magistrate.

(4) Any person who is required by the provisions of subrule (2) or (3) of this rule to present suitable identification shall present an identification document, such as a driver's license, or other document which contains both a picture of the person and the signature or mark of the person.

(5) The director may, pursuant to the provisions of R 325.9074 and R 325.9075, release information from the birth defects registry to an authorized representative of a study or research project that shall be reviewed by a scientific advisory panel and approved by the director. The process for release of information that identifies the registrant shall be as set forth in this subrule. After the proposal for the research has been reviewed pursuant to the provisions of
R 325.9075, and before any information is released to the researcher, information shall be sent to the parent or parents or legal guardian of the registrant that describes the goals and process of the research project. The parent or parents or legal guardian shall be asked to indicate if he or she wishes to participate in the project. The name of the registrant shall only be released to the director of the research project when the parent or parents or legal guardian grants approval for such release. The department shall not release any part of a patient's medical record obtained pursuant to the provisions of R 325.9073.

(6) The director may authorize information from the birth defects registry to be used within the department to offer medical and other support services to the registrant. The department may contact the parent or parents or legal guardian of a child who is identified in the birth defects registry to offer referral to medical and other support services as appropriate. The department shall not release any part of a patient's medical record obtained pursuant to the provisions of
R 325.9073.

R 325.9075 Scientific advisory panel; release of information for research.

Rule 5. (1) The director of the department shall appoint a scientific advisory panel of not less than 3 scientists to review research proposals for which a release of information which is maintained by the department and which identifies an individual reported to have a diagnosis of a birth defect is required.

(2) A research proposal that requires the release of information that identifies an individual who has a reported diagnosis of a birth defect shall be reviewed by the scientific advisory panel.

(3) The panel shall, in writing, advise the director on the merits of the study.

(4) The study or research project shall not publish the name of any individual who is or was the subject of a report of a birth defect that was submitted to the department. The study or research project shall not release any identifying number, mark, or description that can be readily associated with an individual who is or was the subject of a report of a birth defect that was submitted to the department. A formal memorandum of agreement that is signed by an authorized representative of the department and the director of the research project shall include all of the following provisions:

(a) That electronic files, optical files, or hard copy of the data provided by the department shall not be

copied for retention, resold, or otherwise provided to another person or agency and will be returned to the department upon completion of processing of the study.

(b) That any reports or published papers relying in whole or in part on the data furnished by the department to the study or research project shall acknowledge the Michigan birth defects registry of the Michigan department of public health as the source of the data.

(c) That a prepublication copy of all resulting papers shall be sent to the department at least 15 days prior to the expected date of publication.

R 325.9076 Adoption by reference.

Rule 6. The publication entitled "International Classifications of Diseases, 9th Revision, Clinical Modification," 1989, specified in R 325.9072, is adopted by reference in these rules. Copies of the adopted matter may be obtained from the Healthcare Knowledge Resources, 3853 Research Park Drive, Post Office Box 303, Ann Arbor, Michigan 48106-0303, or from the Michigan Department of Community Health, Office of the State Registrar, 3423 N. Martin L. King Jr., Blvd., Post Office Box 30195, Lansing, Michigan 48909. The cost at the time of adoption of these rules is $57.00.