



OFFICE OF THE UNDER SECRETARY OF DEFENSE
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PERSONNEL AND
READINESS

The Honorable Mike Rogers
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

OCT - 6 2025

Dear Mr. Chairman:

The Department's response to House Report 118-529, pages 201-202, accompanying H.R. 8070, the Servicemember Quality of Life Improvement and National Defense Authorization Act for Fiscal Year 2025, "Post-Traumatic Stress Syndrome, Traumatic Brain Injury, and Death by Suicide for Explosive Ordnance Disposal Personnel," is enclosed.

This report provides the following: 1) A review of suicide data specific to Explosive Ordnance Disposal (EOD) personnel from the Defense Suicide Prevention Office for the last 5 years; 2) An assessment of any trends in post-traumatic stress disorder (PTSD) and/or traumatic brain injury (TBI) in death by suicide in the EOD community; 3) Policies or initiatives that could improve health care for EOD personnel with specific regard to TBI, PTSD, and prevention of suicide; 4) Information on ongoing efforts by the Department to provide support for EOD personnel; and 5) A detailed list of any additional resources to support EOD personnel in an effort to reduce the frequency and the effects of TBI, PTSD, and death by suicide.

Thank you for your continued strong support for our Service members and their families.

Sincerely,



Sean O'Keefe
Deputy Under Secretary of Defense for
Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member



Report to the Committee on Armed Services of the House of Representatives



Post-Traumatic Stress Syndrome, Traumatic Brain Injury, and Death by Suicide for Explosive Ordnance Disposal Personnel

September 2025

The estimated cost of this report or study for the Department of Defense is approximately \$15,000 for the 2024 Fiscal Year. This includes \$13,000 in expenses and \$1,250 in DoD labor.
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EXECUTIVE SUMMARY

This report responds to House Report 118–529, pages 201-202, accompanying H.R. 8070, the Servicemember Quality of Life Improvement and National Defense Authorization Act For Fiscal Year 2025, and provides: 1) a review of the last 5 years of suicide death data specific to Explosive Ordnance Disposal (EOD) personnel from the Defense Suicide Prevention Office; 2) an assessment of trends in post-traumatic stress disorder (PTSD), and/or traumatic brain injury (TBI) in death by suicide in the EOD community; 3) policies or initiatives that could improve health care for EOD personnel with specific regard to PTSD, TBI, and prevention of suicide; 4) information on ongoing efforts by the Department to provide support for EOD personnel; and 5) a detailed list of additional resources that Congress could provide to support EOD personnel in an effort to reduce the frequency and the effects of PTSD, TBI, and death by suicide.

The analysis conducted for this report found no statistical evidence of a higher suicide mortality rate for EOD personnel in 2020-2024. Additionally, none of the seven cases identified in this report had a recorded diagnosis of PTSD or a TBI in their medical records.

BACKGROUND

The EOD community plays a critical role in the U.S. military as experts who work to detect, disarm, and dispose of explosive threats (e.g., Office of the EOD Commandant, 2025). The kinds of military weapons EOD personnel are responsible for handling include those which can be exploded or detonated, such as improvised, chemical, biological, and nuclear bombs, and missiles.

Existing literature on health effects specific to EOD personnel is limited. In one study, EOD personnel were found to have a greater risk of developing post-traumatic stress disorder (PTSD) compared to other Service members (Otto et al., 2021). Research on the broader population affected by PTSD and TBI suggests other potential health risks relevant to this population. For example, experiencing a TBI increases the risk for certain mental health diagnoses and suicidal behavior (McIntire et al., 2021). A study of veterans found that those with TBI had higher levels of risk for suicide compared to veterans without TBI (Hostetter et al., 2019). Mental health diagnoses, specifically PTSD, mood disorders, and substance use disorders, compound with TBI to increase suicide risk (Brenner et al., 2023). Co-occurring PTSD was found to amplify the detrimental health impact of a TBI, making military personnel with both PTSD and TBI at a greater risk for suicide than those with TBI alone (McIntire et al., 2021). TBI also has detrimental impacts on mission readiness. Service members with TBI were more likely (odds ratio of 1.5) to be determined not medically ready for deployment compared to those without (MacGregor, 2025).

On the contrary, some research found that deployment and combat may have a protective effect for EOD personnel compared to non-EOD Service members. Though EOD personnel have a unique risk for experiencing TBI, elements of their warfighting experience may protect them from some adverse mental health effects associated with TBI. For example, one study found that EOD personnel with more deployments and combat exposure had better scores on

mental health measures than EOD personnel with fewer deployments and less combat experience (Barczak-Scarboro et al., 2023).

These findings emphasize that the relationship between PTSD, TBI, and possible links to suicide risk in EOD personnel is understudied. The possibility of protective effects from deployment and combat adds complexity, reinforcing the need for additional research to better understand these relationships. The Department acknowledges this is a critical area to better understand risk, protect Service members from adverse health outcomes, and save lives. Analyses in this report represent a preliminary step forward and demonstrate that additional research is needed to understand whether PTSD and TBI are associated with suicide risk among EOD personnel.

The work done by EOD personnel to ensure the safety of other Service members directly supports Total Force readiness. The Department is working to improve and refine guidance on addressing issues relevant, though not specific, to the EOD community.

ANALYSIS

1) Review of the last 5 years of suicide death data specific to EOD personnel.

Between January 1, 2020, and December 31, 2024, seven confirmed or suspected deaths by suicide occurred among Active Component Service members with a primary enlisted Department of Defense occupation code of 143100 (EOD or Undersea Demolition Team [UDT]). This occupation code was identified using the occupational conversion index for enlisted, officer, and civilian jobs (Department of Defense, 2001). Table 1 provides a descriptive overview of the decedents based on data from Defense Enrollment Eligibility Reporting System (DEERS)¹ and the Department of Defense Suicide Event Report (DoDSER)². Six of the seven decedents had a completed DoDSER while one decedent was pending a final manner of death determination.

¹ <https://tricare.mil/deers>.

² <https://www.health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Department-of-Defense-Suicide-Event-Report>.

Table 1. Descriptive data on seven identified deaths by suicide among EOD/UDT personnel.

Characteristic	Number of Decedents
Year	
2020	2
2021	1
2022	0
2023	1
2024	3
Age	
17–24	1
25–29	4
30–34	2
Sex	
Male	7
Female	0
Pay Grade	
E4	2
E5	2
E6	3
Race/Ethnicity	
White, not Hispanic	5
Asian/Pacific Islander, not Hispanic	1
Hispanic, any race	1
Marital Status	
Never married	5
Married	2
Mechanism of Injury	
Firearm	4
Hanging/asphyxiation	3
Risk Factors from DoDSER, Last Year (Total of six forms available for analysis)³	
Disciplinary/legal problems	1
Job/performance problems	2
Financial distress	1
Relationship difficulty	3
Victim of physical assault, sexual assault, sexual harassment, or emotional abuse	0
Perpetrator of physical assault, sexual assault, sexual harassment, or emotional abuse	0
Suicide of close friend, spouse, or family member	2
Death of close friend, spouse, or family member by manner other than suicide	0
Family history of mental health conditions	3

³ A total of six forms were available for analysis. Multiple risk factors may apply to a decedent therefore numbers add up to more than six.

Over this period, an average of 4,568 Service members per year were assigned a primary duty occupation of EOD/UDT per demographic data from the Military Health System Medical Data Repository (MDR). The average annual suicide mortality rate for enlisted Service members during 2020-2023 (the most recent years with an available rate estimate at the time of this report) was 29.8 deaths per 100,000 Service members. Suicide rates for 2024 were not available at the time of this report.⁴ Extrapolating from the average enlisted suicide rate for 2020-2023, and accounting for age and sex compositions of the EOD/UDT population, the expected number of suicide deaths during 2020–2024 would be 6.92. With seven suicide deaths reported between 2020-2024 there is no statistical evidence of a higher suicide mortality rate for this population in 2020–2024 (Standardized Mortality Ratio = 1.01, 95 percent Confidence Interval [0.41, 2.08]).

2) Assessment of trends in PTSD and/or TBI for death by suicide in the EOD community.

None of the seven cases described in the previous section had a recorded diagnosis of PTSD or a TBI in their medical records.

The Armed Forces Health Surveillance Division (formerly named the Armed Forces Health Surveillance Branch) published lists of eligible “International Classification of Disease,” Tenth Revision (ICD-10)⁵ diagnosis codes to identify cases of TBI (see Appendix A; Defense Health Agency, 2019) and PTSD (F43.1X; Defense Health Agency, 2022) within the MDR. Records were searched for direct care through a military medical treatment facility and purchased care through TRICARE. For both conditions, the occurrence of any relevant diagnosis code in any month indicated a potential case. Occurrence by month was used to align the medical data to the frequency of data reporting of occupation from DEERS.

The following annual trend analysis was conducted to determine the occurrence of PTSD or TBI diagnoses for enlisted EOD/UDT personnel. The trend analysis estimates how much and in what direction the rates change over time. As shown in Figure 1, the rate of diagnosed TBI decreased over time from approximately 16 events per 1,000 persons per year in 2020 to approximately 6 per 1,000 persons per year in 2024. A similar decrease was observed for PTSD diagnoses, as shown in Figure 2.

⁴ Official annual suicide counts and unadjusted rates are published in the DoD Annual Report on Suicide in the Military. The most recent report is for CY 2023, available at: <https://www.dspo.mil/Home/Tools/Reports/>.

⁵ <https://iris.who.int/handle/10665/42980>

Figure 1. Annual trend analysis of TBI mentions in the medical record for enlisted EOD/UDT personnel.

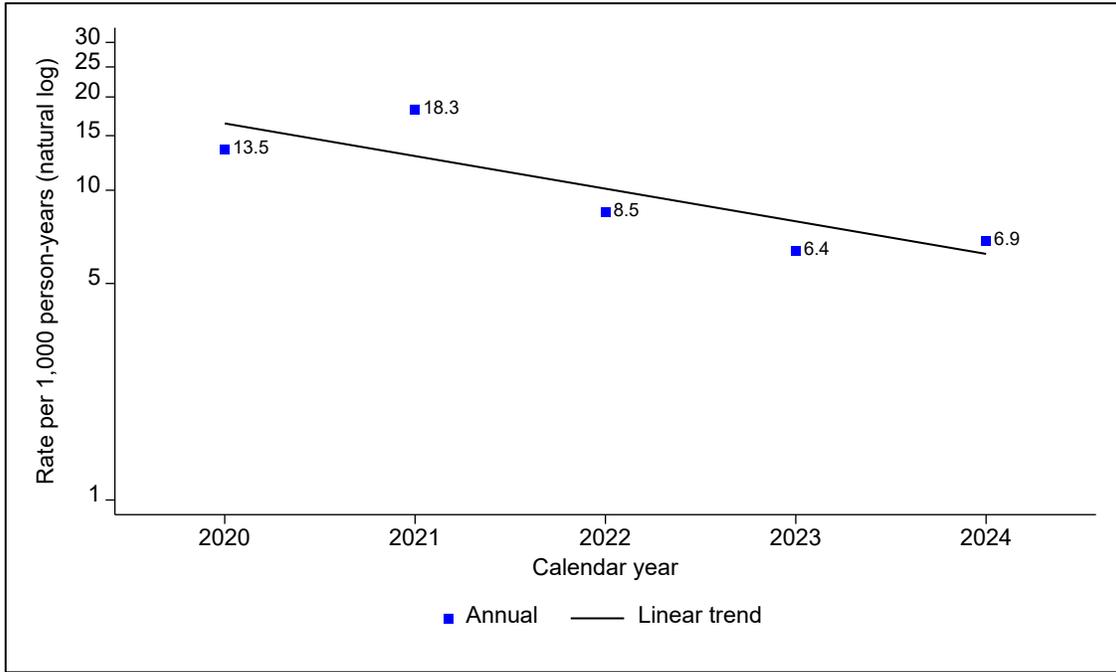
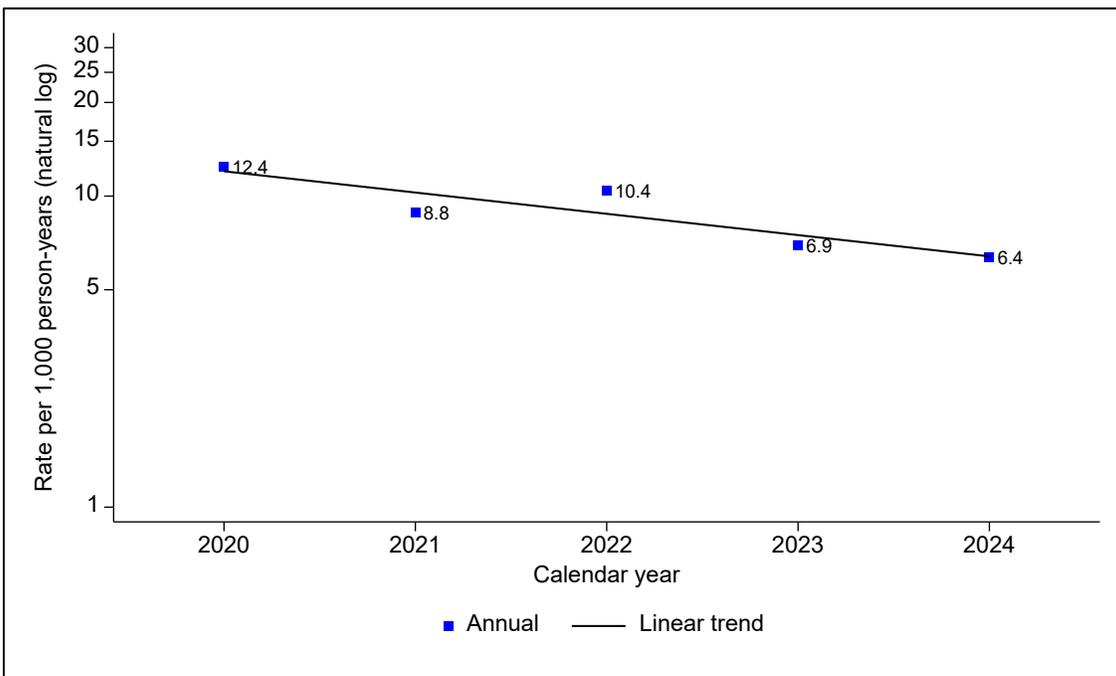


Figure 2. Annual trend analysis of PTSD incidents in the medical record for enlisted EOD/UDT personnel.



3) Policies and initiatives that could improve health care for EOD personnel with specific regard to PTSD, TBI, and prevention of suicide.

A comprehensive approach reduces the overall frequency and effects of PTSD, TBI, and deaths by suicide among Service members. Efforts should include identification and screening, raising awareness, and improved care for EOD personnel.

Identification and Screening

Screening outside of the Deployment Health Assessments and Periodic Health Assessments could improve identification of those at-risk outside of deployment periods.

Raising Awareness

Current campaigns emphasize bringing awareness of PTSD and TBI symptoms and risk factors for suicide so that Service members can recognize these in themselves and others. The campaigns also emphasize help-seeking as a sign of strength and commitment to readiness to reduce stigma. However, these campaigns are not explicit to EOD personnel.

Improving Care of EOD Personnel

Improving care for EOD personnel with PTSD or TBI, and to help prevent suicide, should include the recruitment and retention of providers. Health care providers must be trained to care in caring for patients with PTSD and TBI. One consideration in this area includes reviewing staffing of military health care providers to ensure that care is not delayed by a lack of staffing. Additionally, telehealth options should be considered to support EOD personnel if a health care practitioner is not available in the EOD Service member's current area.

It is important to consider that there is a wide array of evidence-based therapeutic options for PTSD. These therapies include trauma-focused cognitive behavioral therapy, prolonged exposure therapy, and cognitive processing therapy. The Department should ensure these trauma-focused therapies are available and accessible to Service members.

Additionally, combined psychotherapy and pharmacotherapy may be helpful therapeutic options when deemed appropriate by health care practitioners or providers. This approach to therapeutic interventions and treatments has shown strong success in helping Service members reduce distress and improve their overall well-being (Liu, et al., 2025). The hybrid approach is often considered to be the most effective approach to treating PTSD as it offers a more individualized and tailored treatment plan (Liu, et al., 2025).

Policies and initiatives should provide active support to Service members as soon as possible after experiencing an event that could cause PTSD or TBI. Prior research shows that providing support and care immediately after these events may reduce the negative implications in the short- and long-term (Farmer et al., 2017; Lindberg et al., 2021). For TBI, active support and care immediately after an exposure is critical not only to return the Service member to the field but to mitigate prolonged symptoms. For PTSD, monitoring for symptoms and offering

care when indicated can include interventions that attempt to reduce negative effects of a traumatic event and promote positive coping (Farmer et al., 2017).

Community-Based Organizations

Currently, there are several community-based organizations whose mission is to support the EOD community, included the EOD Warrior Foundation and the National Explosive Ordnance Disposal Association. These organizations are committed to supporting EOD personnel and their families by providing resources and mentorship opportunities. These services are available for Active Duty, Reserve, National Guard, retired, and veteran members of the EOD community.

Support of Research Focused on EOD Personnel

Research focused on PTSD, TBI, and suicide prevention can inform policies and practices that support EOD personnel. Currently, there are two ongoing, longitudinal studies that focus on EOD personnel, as well as other research studies that are not focused on EOD personnel that may provide opportunities to better understand EOD-related health hazards. For instance, the Army Study to Assess Risk and Resilience in Service members program is completing a second phase of data collection in 2025, which may provide important insights into whether TBI is a risk factor for suicide ideation and attempts. Additionally, approximately 25 percent of the 400 brains donated to the Uniformed Services University Brain Tissue Repository as of February 2025 were from individuals who died by suicide. Research using the tissue repository could provide important data on the consequences and implications of PTSD and TBI on suicide.

4) Information on ongoing efforts by the Department to provide support for EOD personnel.

Currently, EOD personnel have access to programs and resources that address brain injury and psychological health, as part of the resources that are broadly available to all Service members. A scan for ongoing efforts to address risk for suicide found no specific programs for EOD personnel. However, there are multiple Departmental efforts in PTSD, TBI, and suicide prevention to address concerns that are particularly relevant to the risks associated with EOD. In addition, multiple studies of EOD personnel are underway that may provide greater insights into the specific needs of this occupational population. These studies may provide guidance that could inform specialized programming in the future. The following summarizes the Department's ongoing efforts to improve research supporting EOD personnel.

Efforts to Improve Research on EOD Personnel

The EOD Technology and Training Board is involved in two ongoing research projects to better understand the personal impact of EOD work on Service members within this occupation. The Service Academy Long-Term Mild TBI Outcome Study (SALTOS) is examining the impact of TBI on military performance, as well as physical and mental health. SALTOS is also looking for biomarkers that may predict resilience or poor recovery from TBI. This research has potential to identify and develop interventional therapies for individuals who display early

negative consequences of mild TBI and preventative measures to aid in mitigating concussion risk and enhancing early recovery.

Efforts to Provide Screening, Health Services, and Cognitive Monitoring

All Service members have access to physical health, counseling, and mental health evaluation services as part of their general medical care. Mental health evaluation services are well-equipped to identify individuals who need additional support. Commanders and supervisors who in good faith believe a subordinate Service member may require a mental health evaluation are authorized to direct an evaluation per Department of Defense Instruction (DoDI) 6490.04, “Mental Health Evaluations of Members of the Military Services.” Additionally, in accordance with DoDI 6490.15, “Integration of Behavioral Health Personnel (BHP) Services Into Patient-Centered Medical Home (PCMH) Primary Care and Other Primary Care Service Settings,” Service members can access evidence-based mental health screening and assessment appropriate for a primary care setting.

Deployment health assessments and periodic health assessments are another source of potential information and assistance regarding PTSD and TBI for Service members. These mandated health assessments at specified points in time provide potential intervention points for addressing health problems, such as a new TBI or the emergence of PTSD symptoms.

In May 2023, the Department issued Directive-Type Memorandum (DTM) 23-005, “Self-Initiated Referral Process for Mental Health Evaluations of Service Members,” implementing the Brandon Act enacted into law as part of the National Defense Authorization Act for Fiscal Year 2022 (Public Law 117–81). The DTM authorizes a Service member to initiate a referral for a mental health evaluation through a commanding officer or supervisor who is in a grade above E-5.

5) Detailed list of additional resources to support EOD personnel in an effort to reduce the frequency and the effects of PTSD, TBI, and death by suicide.

Additional resources are critical to improving Service member well-being and in particular, helping to protect EOD personnel. The Department has a variety of resources available to all Service members to reduce the effects of PTSD, TBI, and risk for suicide. These include strengthening individual protective factors, such as resiliency, coping skills, and emotional intelligence. Additionally, the Department continues to support the Warfighter Brain Health initiative. It may also be useful to implement an awareness campaign focused on EOD personnel to increase awareness of PTSD and TBI symptoms among them, as well as the risk factors for suicide. Community-based organizations can also be helpful in messaging and supporting Service members during and after Service.

Several Military Health System Centers of Excellence provide resources and training to Service members, service providers, and military leaders. The Traumatic Brain Injury Center of Excellence (TBICoE) provides resources and trainings on TBI to service providers and leaders, in addition to conducting research on TBI among Service members. The National Intrepid Center of Excellence and the Defense Intrepid Network for Traumatic Brain Injury and Brain

Health provides TBI clinical care, research, and education. The Psychological Health Center of Excellence focuses on providing psychological health research consultation and expertise to leaders, providers, Service members, and their families. While these services are not exclusive to EOD personnel, they provide specific information and resources on TBI and similar topics.

The Warfighter Brain Health Initiative is a Department-wide approach with five lines of effort to address warfighter brain health with the goal of optimizing brain health and countering TBI (Department of Defense, 2024a). These efforts include improving the current state of medical care for Service members who experience TBI, as well as advancing the science of brain injury and treatment for the types of injuries most likely to impact Service members. Although this effort is not exclusively intended for the benefit of EOD personnel, EOD personnel may be more likely to be impacted by the results of this work given the higher rates of TBI cited previously.

The Defense Suicide Prevention Office oversees the Department’s suicide prevention program by supporting programs that address risk for suicide across the Department, summarized in Table 2. Programs include trainings and educational services; assessment of suicide prevention programs to determine what is and is not working; postvention response; and policy oversight and advocacy for efforts most likely to reduce suicide among Service members.

The Defense Health Agency oversees the clinical pathway for suicide prevention, which includes screening patients at risk for suicide, assessing and managing suicide risk among Service members, and reviewing sentinel events to continually improve clinical processes and systems.

Table 2. Descriptions of Departmental Efforts

Departmental Efforts	Description
Counseling Services and Mental Health Evaluations (Undersecretary of Defense [USD] for Personnel and Readiness [P&R], 2017; USD[P&R], 2020a)	Counseling services to Service members and their family members to support them through stressful periods. Mental health evaluations support the identification of individuals who may need mental health support.
Deployment Health Assessments (USD[P&R], 2019)	A series of assessments supporting the evaluation and monitoring of deployment related health concerns.
Department of Defense Suicide Prevention Program (USD[P&R], 2020b; USD[P&R], 2023)	Supportive services that aim to prevent suicide, such as promoting protective environments and healthy climates, and targeting protective factors like building healthy relationships and strong coping skills.
Department of Defense Warfighter Brain Health Initiative (Deputy Secretary of Defense, 2022)	A joint effort between operational and medical communities with the focus to optimize warfighter brain health, immediately detect brain injury when it occurs, and combat its effects on warfighters, their families, line leaders/commanders, and their communities at large.

Explosive Ordnance Disposal Technology and Training (EODT&T) Program (USD[Policy], 2021)	The primary advisory body regarding all EOD matters. The EODT&T Program board oversees the research, development, testing, and evaluation efforts related to EOD activities, as well as EOD procedures and technical documentation.
Integration of Behavioral Health Personnel Services Into Patient-Centered Medical Home Primary Care and Other Primary Care Service Settings (USD[P&R], 2014)	Screening and assessment of patients who have or are at-risk for developing physical or mental health conditions, with the aim of enhancing resilience by preventing further psychological or physical deterioration.
Traumatic Brain Injury Center of Excellence (TBICoE; DHA, 2025)	Educational information and resources to help Service members, veterans, patients, and their families learn about mild, moderate, and severe or penetrating TBI. Topics include signs and symptoms, coping and recovery, and prevention.

CONCLUSION

The Department conducted this analysis to provide data on PTSD, TBI, and suicide death among EOD personnel. With seven suicide deaths, there was no statistical evidence of a higher suicide mortality rate for EOD personnel from 2020 to 2024. In addition, among the seven cases, there was no recorded diagnosis of PTSD or a TBI in the decedents’ medical records. The rate of PTSD and TBI diagnosis declined from 2020 to 2024. Taken together, this analysis indicates that there is risk for PTSD and TBI among EOD personnel, but there may not be a higher risk of suicide death in this community based on the analysis available for the seven deaths referenced in this report. It is important to note that given the mathematically small number of deaths examined, drawing conclusions is challenging.

The Department’s work to advance the research around EOD, TBI, and mental health consequences, including risk for suicide, may inform future department efforts. With a better understanding of PTSD, TBI, and suicide risk, DoD will be better positioned to address these issues moving forward. The efforts to provide support for EOD personnel span prevention, identification and screening, quality of health care, and continued research to better understand EOD personnel needs.

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APPENDIX

International Classification of Disease Codes used to identify TBI

ICD-10	Description
F07.81	post-concussion syndrome
S04.02	injury of optic chiasm
S04.02X	injury of optic chiasm
S04.02XA	injury of optic chiasm, initial encounter
S04.03	injury of optic tract and pathways
S04.031	injury of optic tract and pathways, right eye
S04.031A	injury of optic tract and pathways, <i>right eye</i> , initial encounter
S04.032	injury of optic tract and pathways, left eye
S04.032A	injury of optic tract and pathways, <i>left eye</i> , initial encounter
S04.039	injury of optic tract and pathways, unspecified eye
S04.039A	injury of optic tract and pathways, <i>unspecified eye</i> , initial encounter
S04.04	Injury of visual cortex
S04.041	injury of visual cortex, right eye
S04.041A	injury of visual cortex, <i>right eye</i> , initial encounter
S04.042	injury of visual cortex, left eye
S04.042A	injury of visual cortex, <i>left eye</i> , initial encounter
S04.049	injury of visual cortex, unspecified eye
S04.049A	injury of visual cortex, <i>unspecified eye</i> , initial encounter
S06.0	concussion
S06.0X0	concussion w/o loss of consciousness (LOC)
S06.0X0A	concussion w/o LOC, initial encounter
S06.0X1	concussion w/LOC of 30 mins or less
S06.0X1A	concussion w/LOC of 30 mins or less, initial encounter
S06.0X2	concussion w/LOC of 31-59 mins
S06.0X2A	concussion w/LOC of 31-59 mins, initial encounter
S06.0X3	concussion w/LOC of 1 hr to 5 hrs 59 mins
S06.0X3A	concussion w/LOC of 1 hr to 5 hrs 59 mins, initial encounter
S06.0X4	concussion w/LOC of 6-24 hrs
S06.0X4A	concussion w/LOC of 6-24 hrs, initial encounter
S06.0X5	concussion w/LOC > 24hrs with return to pre-existing conscious level
S06.0X5A	concussion w/LOC > 24hrs with return to pre-existing conscious level, initial encounter
S06.0X6	concussion w/LOC > 24 hrs w/o return to pre-existing conscious level with patient surviving
S06.0X6A	concussion w/LOC > 24 hrs w/o return to pre-existing conscious level with patient surviving, initial encounter
S06.0X7	concussion w/LOC of any duration with death due to brain injury prior to regaining consciousness
S06.0X7A	concussion w/LOC of any duration with death due to brain injury prior to regaining consciousness, initial encounter

S06.0X8	concussion w/LOC of any duration with death due to other causes before regaining consciousness
S06.0X8A	concussion w/LOC of any duration with death due to other causes before regaining consciousness, initial encounter
S06.0X9	concussion w/LOC of unspecified duration
S06.0X9A	concussion w/LOC of unspecified duration, initial encounter
S06.1X	traumatic cerebral edema
S06.1X0	traumatic cerebral edema w/o LOC
S06.1X0A	traumatic cerebral edema w/o LOC, initial encounter
S06.1X1	traumatic cerebral edema w/LOC of 30 min or less
S06.1X1A	traumatic cerebral edema w/LOC of 30 min or less, initial encounter
S06.1X2	traumatic cerebral edema w/LOC of 31-59 minutes
S06.1X2A	traumatic cerebral edema w/LOC of 31-59 minutes, initial encounter
S06.1X3	traumatic cerebral edema w/LOC of 1hr to 5 hrs 59 mins
S06.1X3A	traumatic cerebral edema w/LOC of 1hr to 5 hrs 59 mins, initial encounter
S06.1X4	traumatic cerebral edema w/LOC of 6-24 hrs
S06.1X4A	traumatic cerebral edema w/LOC of 6-24 hrs, initial encounter
S06.1X5	traumatic cerebral edema w/ LOC >24 hrs with return to pre-existing conscious level
S06.1X5A	traumatic cerebral edema w/ LOC >24 hrs with return to pre-existing conscious level, initial encounter
S06.1X6	traumatic cerebral edema w/ LOC >24 hrs w/o return to pre-existing conscious level with patient surviving
S06.1X6A	traumatic cerebral edema w/ LOC >24 hrs w/o return to pre-existing conscious level with patient surviving, initial encounter
S06.1X7	traumatic cerebral edema w/LOC of any duration with death due to brain injury prior to regaining consciousness
S06.1X7A	traumatic cerebral edema w/LOC of any duration with death due to brain injury prior to regaining consciousness, initial encounter
S06.1X8	traumatic cerebral edema w/LOC of any duration with death due to other causes prior to regaining consciousness
S06.1X8A	traumatic cerebral edema w/LOC of any duration with death due to other causes prior to regaining consciousness, initial encounter
S06.1X9	traumatic cerebral edema w/LOC of unspecified duration
S06.1X9A	traumatic cerebral edema w/LOC of unspecified duration, initial encounter
S06.2X	diffuse traumatic brain injury
S06.2X0	diffuse traumatic brain injury w/o LOC
S06.2X0A	diffuse traumatic brain injury w/o LOC, initial encounter
S06.2X1	diffuse traumatic brain injury w/LOC of 30 min or less
S06.2X1A	diffuse traumatic brain injury w/LOC of 30 min or less, initial encounter
S06.2X2	diffuse traumatic brain injury w/LOC of 31-59 minutes
S06.2X2A	diffuse traumatic brain injury w/LOC of 31-59 minutes, initial encounter
S06.2X3	diffuse traumatic brain injury w/LOC of 1hr to 5 hrs 59 mins
S06.2X3A	diffuse traumatic brain injury w/LOC of 1hr to 5 hrs 59 mins, initial encounter
S06.2X4	diffuse traumatic brain injury w/LOC of 6-24 hrs

S06.2X4A	diffuse traumatic brain injury w/LOC of 6-24 hrs, initial encounter
S06.2X5	diffuse traumatic brain injury w/ LOC >24 hrs with return to pre-existing conscious level
S06.2X5A	diffuse traumatic brain injury w/ LOC >24 hrs with return to pre-existing conscious level, initial encounter
S06.2X6	diffuse traumatic brain injury w/LOC >24 hrs w/o return to pre-existing conscious level with patient surviving
S06.2X6A	diffuse traumatic brain injury w/LOC >24 hrs w/o return to pre-existing conscious level with patient surviving, initial encounter
S06.2X7	diffuse traumatic brain injury w/LOC of any duration with death due to brain injury prior to regaining consciousness
S06.2X7A	diffuse traumatic brain injury w/LOC of any duration with death due to brain injury prior to regaining consciousness, initial encounter
S06.2X8	diffuse traumatic brain injury w/LOC of any duration with death due to other causes prior to regaining consciousness
S06.2X8A	diffuse traumatic brain injury w/LOC of any duration with death due to other causes prior to regaining consciousness, initial encounter
S06.2X9	diffuse traumatic brain injury w/LOC of unspecified duration
S06.2X9A	diffuse traumatic brain injury w/LOC of unspecified duration, initial encounter
S06.30	unspecified focal traumatic brain injury
S06.300	unspecified focal traumatic brain injury w/o LOC
S06.300A	unspecified focal traumatic brain injury w/o LOC, initial encounter
S06.301	unspecified focal traumatic brain injury w/LOC of 30 min or less
S06.301A	unspecified focal traumatic brain injury w/LOC of 30 min or less, initial encounter
S06.302	unspecified focal traumatic brain injury w/LOC of 31-59 minutes
S06.302A	unspecified focal traumatic brain injury w/LOC of 31-59 minutes, initial encounter
S06.303	unspecified focal traumatic brain injury w/LOC of 1hr to 5 hrs 59 mins
S06.303A	unspecified focal traumatic brain injury w/LOC of 1hr to 5 hrs 59 mins, initial encounter
S06.304	unspecified focal traumatic brain injury w/LOC of 6-24 hrs
S06.304A	unspecified focal traumatic brain injury w/LOC of 6-24 hrs, initial encounter
S06.305	unspecified focal traumatic brain injury w/LOC >24 hrs with return to pre-existing conscious level
S06.305A	unspecified focal traumatic brain injury w/LOC >24 hrs with return to pre-existing conscious level, initial encounter
S06.306	unspecified focal traumatic brain injury w/LOC >24 hrs w/o return to pre-existing conscious level with patient surviving
S06.306A	unspecified focal traumatic brain injury w/LOC >24 hrs w/o return to pre-existing conscious level with patient surviving, initial encounter
S06.307	unspecified focal traumatic brain injury w/LOC of any duration with death due to brain injury prior to regaining consciousness
S06.307A	unspecified focal traumatic brain injury w/LOC of any duration with death due to brain injury prior to regaining consciousness, initial encounter

S06.308	unspecified focal traumatic brain injury w/LOC of any duration with death due to other causes prior to regaining consciousness
S06.308A	unspecified focal traumatic brain injury w/LOC of any duration with death due to other causes prior to regaining consciousness, initial encounter
S06.309	unspecified focal traumatic brain injury w/LOC of unspecified duration
S06.309A	unspecified focal traumatic brain injury w/LOC of unspecified duration, initial encounter
S06.31	contusion and laceration of right cerebrum
S06.310	contusion and laceration of <i>right</i> cerebrum w/o LOC
S06.310A	contusion and laceration of <i>right</i> cerebrum w/o LOC, initial encounter
S06.311	contusion and laceration of <i>right</i> cerebrum w/LOC of 30 min or less
S06.311A	contusion and laceration of <i>right</i> cerebrum w/LOC of 30 min or less, initial encounter
S06.312	contusion and laceration of <i>right</i> cerebrum w/LOC of 31-59 minutes
S06.312A	contusion and laceration of <i>right</i> cerebrum w/LOC of 31-59 minutes, initial encounter
S06.313	contusion and laceration of <i>right</i> cerebrum w/LOC of 1hr to 5 hrs 59 mins
S06.313A	contusion and laceration of <i>right</i> cerebrum w/LOC of 1hr to 5 hrs 59 mins, initial encounter
S06.314	contusion and laceration of <i>right</i> cerebrum w/LOC of 6-24 hrs
S06.314A	contusion and laceration of <i>right</i> cerebrum w/LOC of 6-24 hrs, initial encounter
S06.315	contusion and laceration of <i>right</i> cerebrum w/LOC >24 hrs with return to pre-existing conscious level
S06.315A	contusion and laceration of <i>right</i> cerebrum w/LOC >24 hrs with return to pre-existing conscious level, initial encounter
S06.316	contusion and laceration of <i>right</i> cerebrum w/ LOC >24 hrs w/o return to pre-existing conscious level with patient surviving
S06.316A	contusion and laceration of <i>right</i> cerebrum w/ LOC >24 hrs w/o return to pre-existing conscious level with patient surviving, initial encounter
S06.317	contusion and laceration of <i>right</i> cerebrum w/LOC of any duration with death due to brain injury prior to regaining consciousness
S06.317A	contusion and laceration of <i>right</i> cerebrum w/LOC of any duration with death due to brain injury prior to regaining consciousness, initial encounter
S06.318	contusion and laceration of <i>right</i> cerebrum w/LOC of any duration with death due to other causes prior to regaining consciousness
S06.318A	contusion and laceration of <i>right</i> cerebrum w/LOC of any duration with death due to other causes prior to regaining consciousness, initial encounter
S06.319	contusion and laceration of <i>right</i> cerebrum w/LOC of <i>unspecified</i> duration
S06.319A	contusion and laceration of <i>right</i> cerebrum w/LOC of <i>unspecified</i> duration, initial encounter
S06.32	contusion and laceration of left cerebrum
S06.320	contusion and laceration of <i>left</i> cerebrum w/o LOC
S06.320A	contusion and laceration of <i>left</i> cerebrum w/o LOC, initial encounter
S06.321	contusion and laceration of <i>left</i> cerebrum w/LOC of 30 min or less

S06.321A	contusion and laceration of <i>left</i> cerebrum w/LOC of 30 min or less, initial encounter
S06.322	contusion and laceration of <i>left</i> cerebrum w/LOC of 31-59 minutes
S06.322A	contusion and laceration of <i>left</i> cerebrum w/LOC of 31-59 minutes, initial encounter
S06.323	contusion and laceration of <i>left</i> cerebrum w/LOC of 1hr to 5 hrs 59 mins
S06.323A	contusion and laceration of <i>left</i> cerebrum w/LOC of 1hr to 5 hrs 59 mins, initial encounter
S06.324	contusion and laceration of <i>left</i> cerebrum w/LOC of 6-24 hrs
S06.324A	contusion and laceration of <i>left</i> cerebrum w/LOC of 6-24 hrs, initial encounter
S06.325	contusion and laceration of <i>left</i> cerebrum w/LOC >24 hrs with return to pre-existing conscious level
S06.325A	contusion and laceration of <i>left</i> cerebrum w/LOC >24 hrs with return to pre-existing conscious level, initial encounter
S06.326	contusion and laceration of <i>left</i> cerebrum w/LOC >24 hrs w/o return to pre-existing conscious level with patient surviving
S06.326A	contusion and laceration of <i>left</i> cerebrum w/LOC >24 hrs w/o return to pre-existing conscious level with patient surviving, initial encounter
S06.327	contusion and laceration of <i>left</i> cerebrum w/LOC of any duration w/ death due to brain injury prior to regaining consciousness
S06.327A	contusion and laceration of <i>left</i> cerebrum w/LOC of any duration w/ death due to brain injury prior to regaining consciousness, initial encounter
S06.328	contusion and laceration of <i>left</i> cerebrum w/LOC of any duration w/ death due to other causes prior to regaining consciousness
S06.328A	contusion and laceration of <i>left</i> cerebrum w/LOC of any duration w/ death due to other causes prior to regaining consciousness, initial encounter
S06.329	contusion and laceration of <i>left</i> cerebrum w/LOC of <i>unspecified</i> duration
S06.329A	contusion and laceration of <i>left</i> cerebrum w/LOC of <i>unspecified</i> duration, initial encounter
S06.33	contusion and laceration of cerebrum, <i>unspecified</i>
S06.330	contusion and laceration of cerebrum, <i>unspecified</i>, w/o LOC
S06.330A	contusion and laceration of cerebrum, <i>unspecified</i> , w/o LOC, initial encounter
S06.331	contusion and laceration of cerebrum, <i>unspecified</i>, w/LOC of 30 mins or less
S06.331A	contusion and laceration of cerebrum, <i>unspecified</i> , w/LOC of 30 mins or less, initial encounter
S06.332	contusion and laceration of cerebrum, <i>unspecified</i>, w/LOC of 31-59 mins
S06.332A	contusion and laceration of cerebrum, <i>unspecified</i> , w/LOC of 31-59 mins, initial encounter
S06.333	contusion and laceration of cerebrum, <i>unspecified</i>, w/LOC of 1 hr to 5 hrs 59 mins
S06.333A	contusion and laceration of cerebrum, <i>unspecified</i> , w/LOC of 1 hr to 5 hrs 59 mins, initial encounter
S06.334	contusion and laceration of cerebrum, <i>unspecified</i>, w/ LOC of 6 -24 hrs
S06.334A	contusion and laceration of cerebrum, <i>unspecified</i> , w/ LOC of 6 -24 hrs, initial encounter

S06.335	contusion and laceration of cerebrum, <i>unspecified</i>, w/LOC > 24 hrs with return to pre-existing consciousness level
S06.335A	contusion and laceration of cerebrum, <i>unspecified</i> , w/LOC > 24 hrs with return to pre-existing consciousness level, initial encounter
S06.336	contusion and laceration of cerebrum, <i>unspecified</i>, w/LOC >24 hrs w/o return to pre-existing conscious level with patient surviving
S06.336A	contusion and laceration of cerebrum, <i>unspecified</i> , w/LOC >24 hrs w/o return to pre-existing conscious level with patient surviving, initial encounter
S06.337	contusion and laceration of cerebrum, <i>unspecified</i>, w/LOC of any duration w/ death due to brain injury prior to regaining consciousness
S06.337A	contusion and laceration of cerebrum, <i>unspecified</i> , w/LOC of any duration w/ death due to brain injury prior to regaining consciousness, initial encounter
S06.338	contusion and laceration of cerebrum, <i>unspecified</i>, w/LOC of any duration with death due to other cause prior to regaining conscious
S06.338A	contusion and laceration of cerebrum, <i>unspecified</i> , w/LOC of any duration with death due to other cause prior to regaining conscious, initial encounter
S06.339	contusion and laceration of cerebrum, <i>unspecified</i>, w/LOC of <i>unspecified</i> duration
S06.339A	contusion and laceration of cerebrum, <i>unspecified</i> , w/LOC of <i>unspecified</i> duration, initial encounter
S06.34	traumatic hemorrhage of right cerebrum
S06.340	traumatic hemorrhage of <i>right</i> cerebrum w/o LOC
S06.340A	traumatic hemorrhage of <i>right</i> cerebrum w/o LOC, initial encounter
S06.341	traumatic hemorrhage of <i>right</i> cerebrum w/LOC of 30 mins or less
S06.341A	traumatic hemorrhage of <i>right</i> cerebrum w/LOC of 30 mins or less, initial encounter
S06.342	traumatic hemorrhage of <i>right</i> cerebrum w/LOC of 31-59 mins
S06.342A	traumatic hemorrhage of <i>right</i> cerebrum w/LOC of 31-59 mins, initial encounter
S06.343	traumatic hemorrhage of <i>right</i> cerebrum w/LOC of 1 hr to 5 hrs 59 mins
S06.343A	traumatic hemorrhage of <i>right</i> cerebrum w/LOC of 1 hr to 5 hrs 59 mins, initial encounter
S06.344	traumatic hemorrhage of <i>right</i> cerebrum with LOC of 6 -24 hrs
S06.344A	traumatic hemorrhage of <i>right</i> cerebrum with LOC of 6 -24 hrs, initial encounter
S06.345	traumatic hemorrhage of <i>right</i> cerebrum w/LOC > 24 hrs with return to pre-existing consciousness level
S06.345A	traumatic hemorrhage of <i>right</i> cerebrum w/LOC > 24 hrs with return to pre-existing consciousness level, initial encounter
S06.346	traumatic hemorrhage of <i>right</i> cerebrum w/LOC >24 hrs w/o return to pre-existing conscious level with patient surviving
S06.346A	traumatic hemorrhage of <i>right</i> cerebrum w/LOC >24 hrs w/o return to pre-existing conscious level with patient surviving, initial encounter
S06.347	traumatic hemorrhage of <i>right</i> cerebrum w/LOC of any duration with death due to brain injury prior to regaining consciousness
S06.347A	traumatic hemorrhage of <i>right</i> cerebrum w/LOC of any duration with death due to brain injury prior to regaining consciousness, initial encounter

S06.348	traumatic hemorrhage of <i>right</i> cerebrum w/LOC of any duration with death due to other cause prior to regaining consciousness
S06.348A	traumatic hemorrhage of <i>right</i> cerebrum w/LOC of any duration with death due to other cause prior to regaining consciousness, initial encounter
S06.349	traumatic hemorrhage of <i>right</i> cerebrum w/LOC of unspecified duration
S06.349A	traumatic hemorrhage of <i>right</i> cerebrum w/LOC of unspecified duration, initial encounter
S06.35	traumatic hemorrhage of left cerebrum
S06.350	traumatic hemorrhage of <i>left</i> cerebrum w/o LOC
S06.350A	traumatic hemorrhage of <i>left</i> cerebrum w/o LOC, initial encounter
S06.351	traumatic hemorrhage of <i>left</i> cerebrum w/LOC of 30 mins or less
S06.351A	traumatic hemorrhage of <i>left</i> cerebrum w/LOC of 30 mins or less, initial encounter
S06.352	traumatic hemorrhage of <i>left</i> cerebrum w/LOC of 31-59 mins
S06.352A	traumatic hemorrhage of <i>left</i> cerebrum w/LOC of 31-59 mins, initial encounter
S06.353	traumatic hemorrhage of <i>left</i> cerebrum, unspecified, LOC of 1 hr to 5 hrs 59 mins
S06.353A	traumatic hemorrhage of <i>left</i> cerebrum, unspecified, LOC of 1 hr to 5 hrs 59 mins, initial encounter
S06.354	traumatic hemorrhage of <i>left</i> cerebrum w/LOC of 6 -24 hrs
S06.354A	traumatic hemorrhage of <i>left</i> cerebrum w/LOC of 6 -24 hrs, initial encounter
S06.355	traumatic hemorrhage of <i>left</i> cerebrum w/LOC >24 hrs with return to pre-existing consciousness level
S06.355A	traumatic hemorrhage of <i>left</i> cerebrum w/LOC >24 hrs with return to pre-existing consciousness level, initial encounter
S06.356	traumatic hemorrhage of <i>left</i> cerebrum w/LOC >24 hrs w/o return to pre-existing conscious level with patient surviving
S06.356A	traumatic hemorrhage of <i>left</i> cerebrum w/LOC >24 hrs w/o return to pre-existing conscious level with patient surviving, initial encounter
S06.357	traumatic hemorrhage of <i>left</i> cerebrum w/LOC of any duration with death due to brain injury prior to regaining consciousness
S06.357A	traumatic hemorrhage of <i>left</i> cerebrum w/LOC of any duration with death due to brain injury prior to regaining consciousness, initial encounter
S06.358	traumatic hemorrhage of <i>left</i> cerebrum w/LOC of any duration with death due to other cause prior to regaining consciousness
S06.358A	traumatic hemorrhage of <i>left</i> cerebrum w/LOC of any duration with death due to other cause prior to regaining consciousness, initial encounter
S06.359	traumatic hemorrhage of <i>left</i> cerebrum, w/ LOC of unspecified duration
S06.359A	traumatic hemorrhage of <i>left</i> cerebrum, w/ LOC of unspecified duration, initial encounter
S06.36	traumatic hemorrhage of cerebrum, unspecified
S06.360	traumatic hemorrhage of cerebrum, <i>unspecified</i>, w/o LOC
S06.360A	traumatic hemorrhage of cerebrum, <i>unspecified</i> , w/o LOC, initial encounter
S06.361	traumatic hemorrhage of cerebrum, <i>unspecified</i>, w/ LOC of 30 mins or less

S06.361A	traumatic hemorrhage of cerebrum, <i>unspecified</i> , w/ LOC of 30 mins or less, initial encounter
S06.362	traumatic hemorrhage of cerebrum, <i>unspecified</i>, w/ LOC of 31-59 mins
S06.362A	traumatic hemorrhage of cerebrum, <i>unspecified</i> , w/ LOC of 31-59 mins, initial encounter
S06.363	traumatic hemorrhage of cerebrum, <i>unspecified</i>, LOC of 1 hr to 5 hrs 59 mins
S06.363A	traumatic hemorrhage of cerebrum, <i>unspecified</i> , LOC of 1 hr to 5 hrs 59 mins, initial encounter
S06.364	traumatic hemorrhage of cerebrum, <i>unspecified</i>, w/LOC of 6 -24 hrs
S06.364A	traumatic hemorrhage of cerebrum, <i>unspecified</i> , w/LOC of 6 -24 hrs, initial encounter
S06.365	traumatic hemorrhage of cerebrum, <i>unspecified</i>, w/LOC > 24 hrs with return to pre-existing consciousness level
S06.365A	traumatic hemorrhage of cerebrum, <i>unspecified</i> , w/LOC > 24 hrs with return to pre-existing consciousness level, initial encounter
S06.366	traumatic hemorrhage of cerebrum, <i>unspecified</i>, LOC >24 hrs w/o return to pre-existing conscious level with patient surviving
S06.366A	traumatic hemorrhage of cerebrum, <i>unspecified</i> , LOC >24 hrs w/o return to pre-existing conscious level with patient surviving, initial encounter
S06.367	traumatic hemorrhage of cerebrum, <i>unspecified</i>, w/LOC of any duration with death due to brain injury prior to regaining consciousness
S06.367A	traumatic hemorrhage of cerebrum, <i>unspecified</i> , w/LOC of any duration with death due to brain injury prior to regaining consciousness, initial encounter
S06.368	traumatic hemorrhage of cerebrum, <i>unspecified</i>, w/LOC of any duration with death due to other cause prior to regaining consciousness
S06.368A	traumatic hemorrhage of cerebrum, <i>unspecified</i> , w/LOC of any duration with death due to other cause prior to regaining consciousness, initial encounter
S06.369	traumatic hemorrhage of cerebrum, <i>unspecified</i>, w/ LOC of unspecified duration
S06.369A	traumatic hemorrhage of cerebrum, <i>unspecified</i> , w/ LOC of unspecified duration, initial encounter
S06.37	contusion, laceration, and hemorrhage of cerebellum
S06.370	contusion, laceration, and hemorrhage of <i>cerebellum</i> w/o LOC
S06.370A	contusion, laceration, and hemorrhage of <i>cerebellum</i> w/o LOC, initial encounter
S06.371	contusion, laceration, and hemorrhage of <i>cerebellum</i> w/LOC of 30 mins or less
S06.371A	contusion, laceration, and hemorrhage of <i>cerebellum</i> w/LOC of 30 mins or less, initial encounter
S06.372	contusion, laceration, and hemorrhage of <i>cerebellum</i> w/LOC of 31 to 59 mins
S06.372A	contusion, laceration, and hemorrhage of <i>cerebellum</i> w/LOC of 31 to 59 mins, initial encounter
S06.373	contusion, laceration, and hemorrhage of <i>cerebellum</i> w/LOC of 1 hr to 5 hrs 59 mins

S06.373A	contusion, laceration, and hemorrhage of <i>cerebellum</i> w/LOC of 1 hr to 5 hrs 59 mins, initial encounter
S06.374	contusion, laceration, and hemorrhage of <i>cerebellum</i> w/LOC of 6-24 hrs
S06.374A	contusion, laceration, and hemorrhage of <i>cerebellum</i> w/LOC of 6-24 hrs, initial encounter
S06.375	contusion, laceration, and hemorrhage of <i>cerebellum</i> w/LOC > 24hrs with return to pre-existing conscious level
S06.375A	contusion, laceration, and hemorrhage of <i>cerebellum</i> w/LOC > 24hrs with return to pre-existing conscious level, initial encounter
S06.376	contusion, laceration, and hemorrhage of <i>cerebellum</i> w/LOC <24 hrs w/o return to pre-existing conscious level with patient surviving
S06.376A	contusion, laceration, and hemorrhage of <i>cerebellum</i> w/LOC <24 hrs w/o return to pre-existing conscious level with patient surviving, initial encounter
S06.377	contusion, laceration, and hemorrhage of <i>cerebellum</i> w/LOC of any duration w/death due to brain injury prior to regaining consciousness
S06.377A	contusion, laceration, and hemorrhage of <i>cerebellum</i> w/LOC of any duration w/death due to brain injury prior to regaining consciousness, initial encounter
S06.378	contusion, laceration, and hemorrhage of <i>cerebellum</i> w/LOC of any duration w/ death due to other cause prior to regaining consciousness
S06.378A	contusion, laceration, and hemorrhage of <i>cerebellum</i> w/LOC of any duration w/ death due to other cause prior to regaining consciousness, initial encounter
S06.379	contusion, laceration, and hemorrhage of <i>cerebellum</i> w/LOC of unspecified duration
S06.379A	contusion, laceration, and hemorrhage of <i>cerebellum</i> w/LOC of unspecified duration, initial encounter
S06.38	contusion, laceration, and hemorrhage of brainstem
S06.380	contusion, laceration, and hemorrhage of <i>brainstem</i> w/o LOC
S06.380A	contusion, laceration, and hemorrhage of <i>brainstem</i> w/o LOC, initial encounter
S06.381	contusion, laceration, and hemorrhage of <i>brainstem</i> w/LOC of 30 minutes or less
S06.381A	contusion, laceration, and hemorrhage of <i>brainstem</i> w/LOC of 30 minutes or less, initial encounter
S06.382	contusion, laceration, and hemorrhage of <i>brainstem</i> w/LOC of 31 to 59 mins
S06.382A	contusion, laceration, and hemorrhage of <i>brainstem</i> w/LOC of 31 to 59 mins, initial encounter
S06.383	contusion, laceration, and hemorrhage of <i>brainstem</i> w/LOC of 1 hr to 5 hrs 59 mins
S06.383A	contusion, laceration, and hemorrhage of <i>brainstem</i> w/LOC of 1 hr to 5 hrs 59 mins, initial encounter
S06.384	contusion, laceration, and hemorrhage of <i>brainstem</i> w/LOC of 6-24 hrs
S06.384A	contusion, laceration, and hemorrhage of <i>brainstem</i> w/LOC of 6-24 hrs, initial encounter
S06.385	contusion, laceration, and hemorrhage of <i>brainstem</i> w/LOC > 24hrs with return to pre-existing conscious level

S06.385A	contusion, laceration, and hemorrhage of <i>brainstem</i> w/LOC > 24hrs with return to pre-existing conscious level, initial encounter
S06.386	contusion, laceration, and hemorrhage of <i>brainstem</i> w/LOC > 24 hrs w/o return to pre-existing conscious level with patient surviving
S06.386A	contusion, laceration, and hemorrhage of <i>brainstem</i> w/LOC > 24 hrs w/o return to pre-existing conscious level with patient surviving, initial encounter
S06.387	contusion, laceration, and hemorrhage of <i>brainstem</i> w/LOC of any duration w/ death due to brain injury prior to regaining consciousness
S06.387A	contusion, laceration, and hemorrhage of <i>brainstem</i> w/LOC of any duration w/ death due to brain injury prior to regaining consciousness, initial encounter
S06.388	contusion, laceration, and hemorrhage of <i>brainstem</i> with loss of consciousness of any duration w/death due to other cause prior to regaining consciousness
S06.388A	contusion, laceration, and hemorrhage of <i>brainstem</i> with loss of consciousness of any duration w/death due to other cause prior to regaining consciousness, initial encounter
S06.389	contusion, laceration, and hemorrhage of <i>brainstem</i> w/LOC of unspecified duration
S06.389A	contusion, laceration, and hemorrhage of <i>brainstem</i> w/LOC of unspecified duration, initial encounter
S06.4X	epidural hemorrhage
S06.4X0	epidural hemorrhage w/o LOC
S06.4X0A	epidural hemorrhage w/o LOC, initial encounter
S06.4X1	epidural hemorrhage w/LOC of 30 mins or less
S06.4X1A	epidural hemorrhage w/LOC of 30 mins or less, initial encounter
S06.4X2	epidural hemorrhage w/LOC of 31-59 minutes
S06.4X2A	epidural hemorrhage w/LOC of 31-59 minutes, initial encounter
S06.4X3	epidural hemorrhage w/LOC of 1 hr to 5 hrs 59 mins
S06.4X3A	epidural hemorrhage w/LOC of 1 hr to 5 hrs 59 mins, initial encounter
S06.4X4	epidural hemorrhage w/LOC of 6-24 hrs
S06.4X4A	epidural hemorrhage w/LOC of 6-24 hrs, initial encounter
S06.4X5	epidural hemorrhage w/LOC >24 hrs with return to pre-existing conscious level
S06.4X5A	epidural hemorrhage w/LOC >24 hrs with return to pre-existing conscious level, initial encounter
S06.4X6	epidural hemorrhage w/LOC >24 hrs w/o return to pre-existing conscious level with patient surviving
S06.4X6A	epidural hemorrhage w/LOC >24 hrs w/o return to pre-existing conscious level with patient surviving, initial encounter
S06.4X7	epidural hemorrhage w/LOC of any duration with death due to brain injury prior to regaining consciousness
S06.4X7A	epidural hemorrhage w/LOC of any duration with death due to brain injury prior to regaining consciousness, initial encounter
S06.4X8	epidural hemorrhage w/LOC of any duration with death due to other causes prior to regaining consciousness

S06.4X8A	epidural hemorrhage w/LOC of any duration with death due to other causes prior to regaining consciousness, initial encounter
S06.4X9	epidural hemorrhage w/LOC of unspecified duration
S06.4X9A	epidural hemorrhage w/LOC of unspecified duration, initial encounter
S06.5X	traumatic subdural hemorrhage
S06.5X0	traumatic subdural hemorrhage w/o LOC
S06.5X0A	traumatic subdural hemorrhage w/o LOC, initial encounter
S06.5X1	traumatic subdural hemorrhage w/LOC of 30 mins or less
S06.5X1A	traumatic subdural hemorrhage w/LOC of 30 mins or less, initial encounter
S06.5X2	traumatic subdural hemorrhage with LOC of 31-59 mins
S06.5X2A	traumatic subdural hemorrhage with LOC of 31-59 mins, initial encounter
S06.5X3	traumatic subdural hemorrhage w/LOC of 1 hr to 5 hrs 59 mins
S06.5X3A	traumatic subdural hemorrhage w/LOC of 1 hr to 5 hrs 59 mins, initial encounter
S06.5X4	traumatic subdural hemorrhage with LOC of 6-24 hrs
S06.5X4A	traumatic subdural hemorrhage with LOC of 6-24 hrs, initial encounter
S06.5X5	traumatic subdural hemorrhage w/LOC >24 hrs with return to pre-existing conscious level
S06.5X5A	traumatic subdural hemorrhage w/LOC >24 hrs with return to pre-existing conscious level, initial encounter
S06.5X6	traumatic subdural hemorrhage w/ LOC >24 hrs w/o return to pre-existing conscious level with patient surviving
S06.5X6A	traumatic subdural hemorrhage w/ LOC >24 hrs w/o return to pre-existing conscious level with patient surviving, initial encounter
S06.5X7	traumatic subdural hemorrhage w/LOC of any duration with death due to brain injury before regaining consciousness
S06.5X7A	traumatic subdural hemorrhage w/LOC of any duration with death due to brain injury before regaining consciousness, initial encounter
S06.5X8	traumatic subdural hemorrhage w/LOC of any duration with death due to other causes before regaining consciousness
S06.5X8A	traumatic subdural hemorrhage w/LOC of any duration with death due to other causes before regaining consciousness, initial encounter
S06.5X9	traumatic subdural hemorrhage w/LOC of unspecified duration
S06.5X9A	traumatic subdural hemorrhage w/LOC of unspecified duration, initial encounter
S06.6X	traumatic subarachnoid hemorrhage
S06.6X0	traumatic subarachnoid hemorrhage w/o LOC
S06.6X0A	traumatic subarachnoid hemorrhage w/o LOC, initial encounter
S06.6X1	traumatic subarachnoid hemorrhage w/LOC of 30 mins or less
S06.6X1A	traumatic subarachnoid hemorrhage w/LOC of 30 mins or less, initial encounter
S06.6X2	traumatic subarachnoid hemorrhage w/LOC of 31-59 mins
S06.6X2A	traumatic subarachnoid hemorrhage w/LOC of 31-59 mins, initial encounter
S06.6X3	traumatic subarachnoid hemorrhage w/ LOC of 1 hr to 5 hrs 59 mins
S06.6X3A	traumatic subarachnoid hemorrhage w/ LOC of 1 hr to 5 hrs 59 mins, initial encounter
S06.6X4	traumatic subarachnoid hemorrhage w/LOC of 6-24 hrs
S06.6X4A	traumatic subarachnoid hemorrhage w/LOC of 6-24 hrs, initial encounter

S06.6X5	traumatic subarachnoid hemorrhage w/LOC > 24hrs with return to pre-existing conscious level
S06.6X5A	traumatic subarachnoid hemorrhage w/LOC > 24hrs with return to pre-existing conscious level, initial encounter
S06.6X6	traumatic subarachnoid hemorrhage w/LOC > 24 hrs w/o return to pre-existing conscious level with patient surviving
S06.6X6A	traumatic subarachnoid hemorrhage w/LOC > 24 hrs w/o return to pre-existing conscious level with patient surviving, initial encounter
S06.6X7	traumatic subarachnoid hemorrhage w/LOC of any duration with death due to brain injury prior to regaining consciousness
S06.6X7A	traumatic subarachnoid hemorrhage w/LOC of any duration with death due to brain injury prior to regaining consciousness, initial encounter
S06.6X8	traumatic subarachnoid hemorrhage w/LOC of any duration with death due to other causes before regaining consciousness
S06.6X8A	traumatic subarachnoid hemorrhage w/LOC of any duration with death due to other causes before regaining consciousness, initial encounter
S06.6X9	traumatic subarachnoid hemorrhage w/LOC of unspecified duration
S06.6X9A	traumatic subarachnoid hemorrhage w/LOC of unspecified duration, initial encounter
S06.89	other specified intracranial injury
S06.890	other specified intracranial injury w/o LOC
S06.890A	other specified intracranial injury w/o LOC, initial encounter
S06.891	other specified intracranial injury w/LOC of 30 mins or less
S06.891A	other specified intracranial injury w/LOC of 30 mins or less, initial encounter
S06.892	other specified intracranial injury w/LOC of 31-59 mins
S06.892A	other specified intracranial injury w/LOC of 31-59 mins, initial encounter
S06.893	other specified intracranial injury w/LOC of 1 hr to 5 hrs 59 mins
S06.893A	other specified intracranial injury w/LOC of 1 hr to 5 hrs 59 mins, initial encounter
S06.894	other specified intracranial injury w/LOC of 6 -24 hrs
S06.894A	other specified intracranial injury w/LOC of 6 -24 hrs, initial encounter
S06.895	other specified intracranial injury w/LOC > 24 hrs with return to pre-existing conscious level
S06.895A	other specified intracranial injury w/LOC > 24 hrs with return to pre-existing conscious level, initial encounter
S06.896	other specified intracranial injury w/LOC >24 hrs w/o return to pre-existing conscious level with patient surviving
S06.896A	other specified intracranial injury w/LOC >24 hrs w/o return to pre-existing conscious level with patient surviving, initial encounter
S06.897	other specified intracranial injury w/LOC of any duration with death due to brain injury prior to regaining consciousness
S06.897A	other specified intracranial injury w/LOC of any duration with death due to brain injury prior to regaining consciousness, initial encounter
S06.898	other specified intracranial injury w/LOC of any duration with death due to other cause prior to regaining consciousness

S06.898A	other specified intracranial injury w/LOC of any duration with death due to other cause prior to regaining consciousness, initial encounter
S06.899	other specified intracranial injury w/LOC of <i>unspecified</i> duration
S06.899A	other specified intracranial injury w/LOC of <i>unspecified</i> duration, initial encounter
S06.9X	unspecified intracranial injury
S06.9X0	unspecified intracranial injury w/o LOC
S06.9X0A	unspecified intracranial injury w/o LOC, initial encounter
S06.9X1	unspecified intracranial injury w/LOC of 30 mins or less
S06.9X1A	unspecified intracranial injury w/LOC of 30 mins or less, initial encounter
S06.9X2	unspecified intracranial injury w/LOC of 31-59 mins
S06.9X2A	unspecified intracranial injury w/LOC of 31-59 mins, initial encounter
S06.9X3	unspecified intracranial injury w/LOC of 1 hr to 5 hrs 59 min
S06.9X3A	unspecified intracranial injury w/LOC of 1 hr to 5 hrs 59 min, initial encounter
S06.9X4	unspecified intracranial injury w/ LOC of 6 -24 hrs
S06.9X4A	unspecified intracranial injury w/ LOC of 6 -24 hrs, initial encounter
S06.9X5	unspecified intracranial injury w/LOC > 24 hrs with return to pre-existing conscious level
S06.9X5A	unspecified intracranial injury w/LOC > 24 hrs with return to pre-existing conscious level, initial encounter
S06.9X6	unspecified intracranial injury w/LOC >24 hrs w/o return to pre-existing conscious level with patient surviving
S06.9X6A	unspecified intracranial injury w/LOC >24 hrs w/o return to pre-existing conscious level with patient surviving, initial encounter
S06.9X7	unspecified intracranial injury w/LOC of any duration with death due to brain injury prior to regaining consciousness
S06.9X7A	unspecified intracranial injury w/LOC of any duration with death due to brain injury prior to regaining consciousness, initial encounter
S06.9X8	unspecified intracranial injury w/LOC of any duration with death due to other cause prior to regaining consciousness
S06.9X8A	unspecified intracranial injury w/LOC of any duration with death due to other cause prior to regaining consciousness, initial encounter
S06.9X9	unspecified intracranial injury w/LOC of unspecified duration
S06.9X9A	unspecified intracranial injury w/LOC of unspecified duration, <i>initial encounter</i>
S06.9X9S	unspecified intracranial injury with LOC of unspecified duration, <i>sequela</i>
S02.0	fracture of <i>vault</i> of skull
S02.0XX A	fracture of <i>vault</i> of skull, initial encounter for <i>closed</i> fracture
S02.0XX B	fracture of <i>vault</i> of skull, initial encounter for <i>open</i> fracture
S02.1	fracture of base of skull
S02.10	unspecified fracture of base of skull
S02.10XA	unspecified fracture of <i>base</i> of skull, initial encounter for <i>closed</i> fracture
S02.101A	fracture of base of skull, <i>right</i> side, initial encounter for <i>closed</i> fracture
S02.102A	fracture of base of skull, <i>left</i> side, initial encounter for <i>closed</i> fracture

S02.109A	fracture of base of skull, <i>unspecified</i> side, initial encounter for <i>closed</i> fracture
S02.10XB	unspecified fracture of <i>base</i> of skull, initial encounter for <i>open</i> fracture
S02.101.B	fracture of base of skull, <i>right</i> side, initial encounter for <i>open</i> fracture
S02.102B	fracture of base of skull, <i>left</i> side, initial encounter for <i>open</i> fracture
S02.109B	fracture of base of skull, <i>unspecified</i> side, initial encounter for <i>open</i> fracture
S02.11	fracture of occiput
S02.110	type I occipital condyle fracture
S02.110A	type I occipital condyle fracture, <i>unspecified</i> side, initial encounter for <i>closed</i> fracture
S02.11AA	type I occipital condyle fracture, <i>right</i> side, initial encounter for <i>closed</i> fracture
S02.11BA	type I occipital condyle fracture, <i>left</i> side, initial encounter for <i>closed</i> fracture
S02.110B	type I occipital condyle fracture, <i>unspecified</i> side, initial encounter for <i>open</i> fracture
S02.11AB	type I occipital condyle fracture, <i>right</i> side, initial encounter for <i>open</i> fracture
S02.11BB	type I occipital condyle fracture, <i>left</i> side, initial encounter for <i>open</i> fracture
S02.111	type II occipital condyle fracture
S02.111A	type II occipital condyle fracture, <i>unspecified</i> side, initial encounter for <i>closed</i> fracture
S02.11CA	type II occipital condyle fracture, <i>right</i> side, initial encounter for <i>closed</i> fracture
S02.11DA	type II occipital condyle fracture, <i>left</i> side, initial encounter for <i>closed</i> fracture
S02.111B	type II occipital condyle fracture, <i>unspecified</i> side, initial encounter for <i>open</i> fracture
S02.11CB	type II occipital condyle fracture, <i>right</i> side, initial encounter for <i>open</i> fracture
S02.11DB	type II occipital condyle fracture, <i>left</i> side, initial encounter for <i>open</i> fracture
S02.112	type III occipital condyle fracture
S02.112A	type III occipital condyle fracture, <i>unspecified</i> side, initial encounter for <i>closed</i> fracture
S02.11EA	type III occipital condyle fracture, <i>right</i> side, initial encounter for <i>closed</i> fracture
S02.11FA	type III occipital condyle fracture, <i>left</i> side, initial encounter for <i>closed</i> fracture
S02.112B	type III occipital condyle fracture, <i>unspecified</i> side, initial encounter for <i>open</i> fracture
S02.11 EB	type III occipital condyle fracture, <i>right</i> side, initial encounter for <i>open</i> fracture
S02.11FB	type III occipital condyle fracture, <i>left</i> side, initial encounter for <i>open</i> fracture
S02.113	unspecified occipital condyle fracture
S02.113A	unspecified occipital condyle fracture, initial encounter for <i>closed</i> fracture
S02.113B	unspecified occipital condyle fracture, initial encounter for <i>open</i> fracture
S02.118	other fracture of occiput
S02.118A	other fracture of occiput, <i>unspecified</i> side, initial encounter for <i>closed</i> fracture
S02.11GA	other fracture of occiput, <i>right</i> side, initial encounter for <i>closed</i> fracture
S02.11HA	other fracture of occiput, <i>left</i> side, initial encounter for <i>closed</i> fracture
S02.118B	other fracture of occiput, <i>unspecified</i> side, initial encounter for <i>open</i> fracture
S02.11GB	other fracture of occiput, <i>right</i> side, initial encounter for <i>open</i> fracture
S02.11HB	other fracture of occiput, <i>left</i> side, initial encounter for <i>open</i> fracture
S02.119	unspecified fracture of occiput
S02.119A	unspecified fracture of occiput, initial encounter for <i>closed</i> fracture

S02.119B	unspecified fracture of occiput, initial encounter for <i>open</i> fracture
S02.19	other fracture of base of skull
S02.19XA	other fracture of base of skull, initial encounter for <i>closed</i> fracture
S02.19XB	other fracture for base of skull, initial encounter for <i>open</i> fracture
S02.8	fractures of other specified <i>skull and facial bones</i>
S02.8XX A	fractures of other specified <i>skull and facial bones</i> , initial encounter for <i>closed</i> fracture
S02.80XA	fracture of other specified skull and facial bones, <i>unspecified</i> side, initial encounter for <i>closed</i> fracture
S02.81XA	fracture of other specified skull and facial bones, <i>right</i> side, initial encounter for <i>closed</i> fracture
S02.82XA	fracture of other specified skull and facial bones, <i>left</i> side, initial encounter for <i>closed</i> fracture
S02.8XX B	fractures of other specified <i>skull and facial bones</i> , initial encounter for <i>open</i> fracture
S02.80XB	fracture of other specified skull and facial bones, <i>unspecified</i> side, initial encounter for <i>open</i> fracture
S02.81XB	fracture of other specified skull and facial bones, <i>right</i> side, initial encounter for <i>open</i> fracture
S02.82XB	fracture of other specified skull and facial bones, <i>left</i> side, initial encounter for <i>open</i> fracture
S02.9	fracture of unspecified <i>skull and facial bones</i>
S02.91	unspecified fracture of <i>skull</i>
S02.91XA	unspecified fracture of <i>skull</i> , initial encounter for <i>closed</i> fracture
S02.91XB	unspecified fracture of <i>skull</i> , initial encounter for <i>open</i> fracture
S07.1	crushing injury of skull
S07.1XX A	crushing injury of skull, initial encounter
Z87.820	personal history of traumatic brain injury
DOD0101	personal history of traumatic brain injury, highest level of severity unknown
DOD0102	Personal history of traumatic brain injury (TBI), highest level of severity mild (Glasgow coma scale 13-15), LOC <1hr, post trauma amnesia < 24hr
DOD0103	Personal history of traumatic brain injury (TBI), highest level of severity moderate (Glasgow coma scale 9-12), LOC 1-24 hrs, post trauma amnesia 2-7 days
DOD0104	Personal history of traumatic brain injury (TBI), highest level of severity severe (Glasgow coma scale 3-8) ,LOC > 24hrs, post trauma amnesia >7 days
DOD0105	Personal history of traumatic brain injury (TBI), penetrating intracranial wound (no level of severity assigned)