

# EDM MULTILEVEL CODING SYSTEM

The multilevel coding system used in EDM is designed to ensure the most descriptive identification of a child with a disability. In order to accomplish this, EDM provides a five-level diagnostic coding system. The five levels, when applicable, will:

- Identify the specific IDEA 2004 classification (Level I)
- Identify the specific disorders for this classification (Level II)
- Identify the specific types of disorders (Level III)
- Identify the specific subtypes of the disorder (Level IV)
- Determine the degree to which the disability adversely affects the child's educational performance (Level V)

Each level of the EDM coding system will now be explained in detail by providing examples of five students with different disabilities. For each student, you will see how the coding system develops and results in the most descriptive identification of the student's disability.

## **Level I: IDEA 2004 Disability Classifications**

Level I categories represent each of the thirteen IDEA 2004 disabilities. They can be identified by the uppercase two-letter or three-letter abbreviation for the IDEA 2004 disability, as indicated in Table 1. (For a detailed definition of IDEA's 2004 definition of a child with a disability, refer to page 2 of "EDM Multilevel Coding System.")

**Table 1. Level I EDM Identification Codes**

Level I Disability Category	Level I EDM Code
Autism	AU
Deaf-Blindness	DB
Developmental Delay (Ages Three to Nine)	DD
Early Intervention	EI <sup>1</sup>
Emotional Disturbance	ED
Hearing Impairment	HI
Specific Learning Disabilities	LD
Mental Retardation	MR
Multiple Disabilities	MD
Orthopedic Impairment	OI
Other Health Impaired	OHI
Speech and Language Impairment	SL
Traumatic Brain Injury	TBI
Visual Impairment	VI

1. Although Early Intervention (EI) is not a specific IDEA disability category, it is included in EDM to represent an infant or toddler from birth to thirty-six months of age.

In most cases, only one disability category will be listed under Level I—for example:

Student 1:

Level I: Specific Learning Disability                      LD

Student 2:

Level I: Traumatic Brain Injury                              TBI

Student 3:

Level I: Speech and Language Impairment              SL

Student 4:

Level I: Other Health Impairment                              OHI

For a child with a classification of Multiple Disabilities, two or more individual IDEA 2004 disability categories would be listed:

Student 5:

Level I: Multiple Disabilities                                      MD

Level IA: Mental Retardation                                      MR

Level IB: Hearing Impairment                                      HI

## Level II: Specific Disorders

Once you have identified the Level I IDEA 2004 disability for a student, you need to identify whether there is a specific disorder associated with this Level I IDEA 2004 disability. A disorder can be defined as a general disturbance in mental, physical, or psychological functioning (Hardman, Drew, & Egan, 2006).

Level II coding represents specific disorders of a Level I IDEA 2004 disability. A Level II disorder is normally diagnosed through a comprehensive multidisciplinary assessment or by outside medical, psychological, or other professionals.

Level II disorders can be identified as a whole number (for example, 1, 2, 3) followed by .00 after that whole number: 1.00, 2.00, 3.00, and so on.

Student 1 was classified with a specific learning disability (LD). Suppose the specific areas of difficulties were associated with reading. This is known as dyslexia. Dyslexia in EDM is coded as follows (see Chapter One, page 24):

Level I: Specific Learning Disabilities	LD
Level II: Dyslexia	LD 4.00

Student 2 was classified with a traumatic brain injury (TBI). Suppose it was due to a penetrating skull fracture (such as a gunshot wound). A penetrating skull fracture in EDM is coded as follows (see Chapter Eleven, page 387):

Level I: Traumatic Brain Injury	TBI
Level II: Penetrating Skull Fracture	TBI 7.00

Student 3 was classified with a speech and language impairment. Suppose the specific speech deficits were in articulation. An articulation disorder in EDM is coded as follows (see Chapter Two, page 73):

Level I: Speech and Language Impairment	SL
Level II: Articulation Disorder	SL 2.00

Student 4 was classified with another health impairment (OHI). Suppose this was because the child was diagnosed with cancer by an outside medical specialist. In EDM, the category cancers of childhood is coded as follows (see Chapter Five, page 207):

Level I: Other Health Impairment	OHI
Level II: Cancers of Childhood	OHI 11.00

In the case of multiple disabilities, each category must be coded separately. Student 5 was classified with multiple disabilities as having two documented IDEA 2004 disabilities: mental retardation and a hearing impairment. Suppose the mental retardation was due to a chromosomal abnormality, and the hearing

impairment is a conductive hearing loss. In this situation, the student would have the following EDM coding:

Level I: Multiple Disabilities	MD
Level I(A): Mental Retardation	MR
Level II: Mental Retardation due to Chromosomal Abnormalities	MR 1.00
Level I(B): Hearing Impairment	HI
Level II: Conductive Hearing Loss	HI 2.00

In some cases, more than one Level II disorder may be present, so each needs to be identified—for example:

Level I: Emotional Disturbance	ED
Level II: Inappropriate Behavior or Feelings Disorder	ED 3.00
Level II: Pervasive Mood Disorder	ED 4.00

Level I: Speech and Language Impairment	SL
Level II: Speech Fluency Problems	SL 4.00
Level II: Expressive Language Disorders	SL 9.00
Level II: Receptive Language Disorders	SL 10.00

Level I: Specific Learning Disabilities	LD
Level II: Dyscalculia	LD 2.00
Level II: Dysgraphia	LD 3.00
Level II: Organizational Disorder	LD 9.00
Level II: Visual Processing Disorder	LD 12.00

### Level III: Specific Types of Disorders

Once you have identified the Level I IDEA 2004 disability for a student and then the Level II disorder, you will need to identify whether there is a specific type of disorder.

Level III coding represents specific types of disorders. A Level III disorder is normally diagnosed through a comprehensive multidisciplinary assessment or by outside medical, psychological or other professionals.

Level III disorders can be identified as a whole number (for example, 1, 2, 3), followed by anything other than .00 after that whole number (for example, 1.01, 2.12, 3.04, 7.03).

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Student 1 was classified with a specific learning disability (LD). The specific areas of difficulties were associated with reading. This is known as dyslexia. Suppose the student has been identified with a specific type of dyslexia, known as dysphonetic dyslexia. Dysphonetic dyslexia in EDM is coded as follows (see Chapter One, page 29):

Level I: Specific Learning Disabilities	LD
Level II: Dyslexia	LD 4.00
Level III: Dysphonetic Dyslexia	LD 4.07

Student 2 was classified with a traumatic brain injury (TBI). The TBI was due to a penetrating skull fracture (for example, a gunshot wound). Suppose the penetrating skull fracture has significantly affected the child's communication skills. A penetrating skull fracture with communication impairments in EDM is coded as follows (see Chapter Eleven, page 388):

Level I: Traumatic Brain Injury	TBI
Level II: Penetrating Skull Fracture	TBI 7.00
Level III: Penetrating Skull Fracture with Communication Impairments	TBI 7.04

Student 3 was classified with a speech and language impairment. The specific speech deficits were in articulation. Suppose the specific articulation problems are that the student consistently substitutes incorrect letters for the correct ones. In EDM, this is known as a substitution articulation disorder. Substitution articulation disorder in EDM is coded as follows (see Chapter Two, page 74):

Level I: Speech and Language Impairment	SL
Level II: Articulation Disorder	SL 2.00
Level II: Substitution Articulation Disorder	SL 2.03

Student 4 was classified with an other health impairment (OHI). This resulted from the child being diagnosed with cancer by an outside medical specialist (an oncologist). Suppose the specific type of cancer was leukemia. In EDM, leukemia is coded as follows (see Chapter Five, page 209):

Level I: Other Health Impairment	OHI
Level II: Cancers of Childhood	OHI 11.00
Level III: Leukemia	OHI 11.02

Student 5 was classified with multiple disabilities. In the case of multiple disabilities, each category must be coded separately. This resulted from the child having two documented IDEA 2004 disabilities at the same time: mental retardation

and a hearing impairment. Suppose the mental retardation was due to a specific type of chromosomal abnormality known as Down syndrome and the specific type of conductive hearing loss for this child is otosclerosis.

In this situation, the student would have the following EDM coding:

Level I: Multiple Disabilities	MD
Level I(A): Mental Retardation	MR
Level II: Mental Retardation due to Chromosomal Abnormalities	MR 1.00
Level III: Down Syndrome	MR 1.03
Level I(B): Hearing Impairment	HI
Level II: Conductive Hearing Loss	HI 2.00
Level III: Otosclerosis	HI 2.03

Various disorders in EDM may not have a Level III classification. In that case this should be coded using the words *Not Applicable*, for example:

Level I: Autism	AU
Level II: Asperger's Syndrome	AU 1.00
Level III:	Not Applicable
Level I: Hearing Impairment	HI
Level II: HI 9.00-Acoustic Neuroma	HI 9.00
Level III:	Not Applicable
Level I: Specific Learning Disabilities	LD
Level II: Gerstmann's Syndrome	LD 6.00
Level III:	Not Applicable

In some cases, more than one Level III type of disorder may be present, so each will need to be identified separately.

For example, suppose a student was diagnosed with various types of speech and language disorders: stuttering, expressive language phonological disorder, and receptive language syntactical disorder. Under the EDM coding system, this would be written as follows:

Level I: Speech and Language Impairment	SL
Level II: Speech Fluency Problems	SL 4.00
Level III: Stuttering	SL 4.02
Level II: Expressive Language Disorders	SL 9.00
Level III: Expressive Language Phonological Disorder	SL 9.02

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Level II: Receptive Language Disorders	SL 10.00
Level III: Receptive Language Syntactical Disorder	SL 10.04

Suppose a student was diagnosed with various types of learning disabilities: significant specific types of difficulties in math, writing, organization, and visual processing. Under the EDM coding system, this would be written as follows:

Level I: Specific Learning Disabilities	LD
Level II: Dyscalculia	LD 2.00
Level III: Navigation Dyscalculia	LD 2.09
Level III: Language Dyscalculia	LD 2.06
Level II: Dysgraphia	LD 3.00
Level III: Spatial Dysgraphia	LD 3.03
Level II: Organizational Disorder	LD 9.00
Level III: External Disorganization Disorder	LD 9.04
Level II: Visual Processing Disorder	LD 12.00
Level III: Visual Depth Perception Processing Disorder	LD 12.03

**Level IV: Specific Subtypes of Disorders**

Once you have identified the Level I IDEA 2004 disability for a student, then the Level II disorder, and then Level III type of disorder, you will need to identify whether there is a specific subtype of the disorder.

Level IV coding represents specific subtypes of disorders. A Level IV subtype of disorder is normally diagnosed through a comprehensive multidisciplinary assessment or by outside medical, psychological or other professionals.

Level IV subtypes of disorders can be identified as an EDM code followed by a lowercase letter (for example, a, b, c). Examples of Level IV codes are 2.12a, 3.04e, 7.03b, 8.04c. The lowercase letter at the end signifies that it is a Level IV subtype of a disorder.

Level IV subtypes do not occur frequently in the EDM coding system. When there is no Level IV code, write the words *Not Applicable*.

Student 1 was classified with a specific learning disability (LD). The specific areas of difficulties were associated with reading. This is known as dyslexia. The student has a specific type of dyslexia, known as dysphonetic dyslexia. Because there is no specific subtype of dysphonetic dyslexia, it is coded as follows:

Level I: Specific Learning Disabilities	LD
Level II: Dyslexia	LD 4.00

Level III: Dysphonetic Dyslexia	LD 4.07
Level IV:	Not Applicable

Student 2 was classified with a traumatic brain injury (TBI). The TBI was due to a penetrating skull fracture (for example, a gunshot wound). The penetrating skull fracture has significantly affected the child's communication skills. Since there is no specific subtype for a penetrating skull fracture with communication impairments, it is coded as follows:

Level I: Traumatic Brain Injury	TBI
Level II: Penetrating Skull Fracture	TBI 7.00
Level III: Penetrating Skull Fracture with Communication Impairments	TBI 7.04
Level IV:	Not Applicable

Student 3 was classified with a speech and language impairment. The specific speech deficits were in articulation. The specific articulation problems are that the child consistently substitutes incorrect letters for the correct ones. In EDM, this is known as a substitution articulation disorder. Since there is no specific subtype of substitution articulation disorder, it is coded as follows:

Level I: Speech and Language Impairment	SL
Level II: Articulation Disorder	SL 2.00
Level II: Substitution Articulation Disorder	SL 2.03
Level IV:	Not Applicable

Student 4 was classified with an other health impairment (OHI). This resulted from the child being diagnosed with cancer by an outside medical specialist (an oncologist). The specific type of cancer was leukemia. Suppose the specific type of leukemia is acute lymphocytic leukemia. In EDM, acute lymphocytic leukemia is coded as follows (see Chapter Five, page 209):

Level I: Other Health Impairment	OHI
Level II: Cancers of Childhood	OHI 11.00
Level III: Leukemia	OHI 11.02
Level IV: Acute Lymphocytic Leukemia	OHI 11.02c

Student 5 was classified with multiple disabilities. This resulted from the child having two documented IDEA disabilities at the same time. This particular student has both mental retardation and a hearing impairment.

The mental retardation was due to a specific type of chromosomal abnormality known as Down syndrome. The Level IV specific subtype of Down syndrome

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is known as Down syndrome due to trisomy 21. The specific type of conductive hearing loss for this child is otosclerosis. The specific Level IV subtype of otosclerosis is known as classic otosclerosis. In this situation, the student would have the following EDM coding because each category must be coded separately:

Level I: Multiple Disabilities	MD
Level I(A): Mental Retardation	MR
Level II: Mental Retardation due to Chromosomal Abnormalities	MR 1.00
Level III: Down Syndrome	MR 1.03
Level IV: Down Syndrome due to Trisomy 21	MR 1.03c
Level I(B): Hearing Impairment	HI
Level II: Conductive Hearing Loss	HI 2.00
Level III: Otosclerosis	HI 2.03
Level IV: Classic Otosclerosis	HI 2.03a

### **Level V: Degree to Which the Disability Adversely Affects the Child's Educational Performance**

Level V is the degree to which the child's disability adversely affects his or her educational performance. This decision should be made by the IEP team (also referred to as an eligibility committee or committee on special education).

The determination of Level V by the IEP team should be the result of several factors. The team's decision should be based on the results of the multidisciplinary assessment, teacher interviews, professional input, parent interviews, informal assessments, observations, and all other appropriate information.

In order to determine the appropriate EDM Level V coding for a student, the team should determine the extent to which the child needs the following:

- modifications
- related services, particularly examining the frequency, intensity and duration
- assistive technology
- classroom accommodations
- a restrictive educational program outside of the general education classroom (e.g., resource room, self-contained classroom, special education day school, residential placement, etc.)

Ultimately the IEP team's decision regarding Level V for a specific student should answer this question based on the above needs: "To what degree does the child's disability adversely affect his or her educational performance?"

The terms used for Level V coding are as follows:

- Mild adverse effect: Mild adverse effect implies a minimal difference between the needs of the student with a disability when compared to the reasonable expectations of nondisabled peers of the same age and or grade level.
- Moderate adverse effect: Moderate adverse effect implies a significant difference between the needs of the student with a disability when compared to the reasonable expectations of nondisabled peers of the same age and or grade level.
- Severe adverse effect: Severe adverse effect implies a pervasive difference between the needs of the student with a disability when compared to the reasonable expectations of nondisabled peers of the same age and or grade level.

Student 1 was classified with a specific learning disability (LD). The specific areas of difficulties were associated with reading. This is known as dyslexia. The student has a specific type of dyslexia, known as dysphonetic dyslexia. In EDM, there is no specific subtype of dysphonetic dyslexia. Suppose the IEP team has determined that the disability has a moderate adverse effect on educational performance. Therefore, it is coded as follows:

Level I: Specific Learning Disabilities	LD
Level II: Dyslexia	LD 4.00
Level III: Dysphonetic Dyslexia	LD 4.07
Level IV:	Not Applicable
Level V:	Moderate

Student 2 was classified with a traumatic brain injury (TBI). The TBI was due to a penetrating skull fracture (for example, a gunshot wound). The penetrating skull fracture has significantly affected the child's communication skills. In EDM, there is no specific subtype for a penetrating skull fracture with communication impairments. Suppose the IEP team has determined that the disability has a severe adverse effect on educational performance. Therefore, it is coded as follows:

Level I: Traumatic Brain Injury	TBI
Level II: Penetrating Skull Fracture	TBI 7.00
Level III: Penetrating Skull Fracture with Communication Impairments	TBI 7.04
Level IV:	Not Applicable
Level V:	Severe

Student 3 was classified with a speech and language impairment. The specific speech deficits were in articulation. The specific articulation problems are that the child consistently substitutes incorrect letters for the correct ones. In EDM, this

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is known as a substitution articulation disorder. In EDM, there is no specific subtype of substitution articulation disorder. Suppose the IEP team has determined that the disability has a mild adverse effect on educational performance. Therefore, it is coded as follows:

Level I: Speech and Language Impairment	SL
Level II: Articulation Disorder	SL 2.00
Level II: Substitution Articulation Disorder	SL 2.03
Level IV:	Not Applicable
Level V:	Mild

Student 4 was classified with an other health impairment (OHI). This resulted from the child being diagnosed with cancer by an outside medical specialist (an oncologist). The specific type of cancer was leukemia. The specific type of leukemia is known as acute lymphocytic leukemia. Suppose the IEP team has determined that the disability has a severe adverse effect on educational performance. Therefore, it is coded as follows:

Level I: Other Health Impairment	OHI
Level II: Cancers of Childhood	OHI 11.00
Level III: Leukemia	OHI 11.02
Level IV: Acute Lymphocytic Leukemia	OHI 11.02c
Level V:	Severe

Student 5 was classified with multiple disabilities. This resulted from the child having two documented IDEA disabilities at the same time. This particular student has both mental retardation and a hearing impairment.

The mental retardation was due to a specific type of chromosomal abnormality, known as Down syndrome. The Level IV specific subtype of Down syndrome is known as Down syndrome due to trisomy 21. The IEP team has determined that the mental retardation has a severe adverse effect on educational performance.

The specific type of conductive hearing loss for this child is otosclerosis. The specific Level IV subtype of otosclerosis is known as classic otosclerosis. The IEP team has determined that the classic otosclerosis has a moderate adverse effect on educational performance.

In the case of multiple disabilities, each category must be coded separately as follows. In this situation, the student would have the following EDM coding:

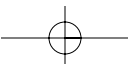
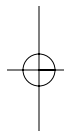
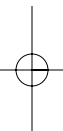
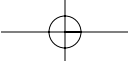
Level I: Multiple Disabilities	MD
Level I(A): Mental Retardation	MR
Level II: Mental Retardation due to Chromosomal Abnormalities	MR 1.00

Level III: Down Syndrome	MR 1.03
Level IV: Down Syndrome due to Trisomy 21	MR 1.03c
Level V:	Severe
Level I(B): Hearing Impairment	HI
Level II: Conductive Hearing Loss	HI 2.00
Level III: Otosclerosis	HI 2.03
Level IV: Classic Otosclerosis	HI 2.03a
Level V:	Moderate

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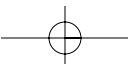
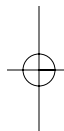
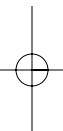
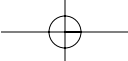
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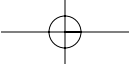
Hardman, M., Drew, C., & Egan, W. (2006). *Human exceptionality: School, community, and family* (8th ed.). Boston: Allyn & Bacon.



## EDM CATEGORIES BY PREVALENCE

Chapters One through Twelve are arranged in order of prevalence. *Prevalence* is defined as the total number of individuals in a given category during a particular period of time. For the EDM, prevalence is based on the U.S. Department of Education's data (2004) on the number of students ages six to twenty-one who receive special education services under the federal government's disability categories. Individuals from birth through five years of age are addressed in Chapter Thirteen.





# EDDM

THE EDUCATOR'S DIAGNOSTIC MANUAL OF  
DISABILITIES AND DISORDERS

