

ICD Clinical History Documentation Tips



TRAUMA – The history should include the specific type and location of the injury and any applicable signs or symptoms. When the history only describes an accident and no other sign/symptom or specific injury is described, a generic diagnosis code will be assigned to the claim and may not be paid.

Not enough documentation	Appropriate documentation
TraumaFell off ladderMVAMVC	 Abdominal pain after a fall down stairs Head pain after fall off ladder MVA with head and neck pain MVC with bruising on hip/shoulder
Fell and landed on wrist	Left wrist injury after fallWrist swelling after falling and landing on left wrist
• Fell off bike	 Fall with right elbow pain and swelling Right shoulder pain x3 days after fall off bike
• Fall, pain	Left hip pain after bike accidentAbrasion over left patella after fall from bike
Hit headFall, on Warfarin	 Head injury or trauma Fall, hit head with posterior scalp contusion Altered mental status after fall



RULE OUT/EVALUATE FOR/POSSIBLE – A history that is preceded by the words evaluate for, rule out, or possible cannot be used if the study is found to be negative. In addition, follow-up, pre-op, and post-op are insufficient clinical histories.

Not enough documentation	Appropriate documentation
Rule-outPossible/probableEvaluate forSuspect	 Cough and fever, rule out pneumonia Right leg pain, possible fracture Bilateral knee swelling, evaluated for osteoarthritis Blurred vision and slurred speech consistent with TIA
Follow-upPre-opPost-opBaselineScreening	 Follow-up for pneumonia Abnormal findings on previous chest x-ray; suggestive of bacterial infection Pre-op exam for TAVR Post op exam following CABG



WEAKNESS - Weakness is insufficient as the only clinical history.

Not enough documentation	Appropriate documentation
• Weakness	 Generalized weakness Muscle weakness in left leg Right side hemiplegia Facial weakness