

DIAGNOSIS DETERMINATION GUIDELINES INJURY CATEGORIES

DIAGNOSIS CATEGORY	COMMENTS
INJURIES WHERE NO TREATMENT WAS SOUGHT	Establish causal relationship based on a preponderance of the evidence and mechanism of injury and code using V.3 autocoder. Usually injuries where no treatment is sought are minor injuries where no medical evidence is required to make initial diagnosis determinations.
MINOR INJURIES (No evidence required) <ul style="list-style-type: none"> ◆ 1st degree burns ◆ superficial lacerations (cut, open wound) ◆ superficial contusions (bruise, hematoma) ◆ minor animal/human bites ◆ superficial foreign body in eye ◆ superficial injury/abrasion ◆ corneal abrasions ◆ blisters ◆ insect stings ◆ dermatitis ◆ conjunctivitis 	Establish causal relationship. Use accident description and code by mechanism of injury using V.3 autocoder. These types of injuries are not identified in the Diagnosis Determination Guidelines. If unable to establish a site and location, choose one to get the claim information updated on V.3. The CST can continue to investigate the claim to verify the site and location. The claim can be amended when this information is received. The CST can issue a corrected order when this information is received (even after expiration of the appeal period). This constitutes a “clerical error”.
SPRAINS/STRAINS (Are not considered minor injuries) There are suggested subjective/objective findings, however no diagnostic test exists on the Diagnosis Determination Guidelines)	Establish causal relationship utilizing mechanism of injury. Code as a sprain/strain according to Diagnosis Determination Guidelines when the specific ICD-9 code (or narrative description) is listed in the medical documentation. Otherwise, the only way the CST should code a sprain/strain when the ICD-9 code (or narrative description) is not identified by the MCO/treating provider, is when BWC’s physician reviewer recommends a sprain/strain diagnosis after reviewing the medical documentation.
INJURIES WHERE SUBJECTIVE/OBJECTIVE FINDINGS EXIST (no diagnostic tests) on the Diagnosis Determination Guidelines	Establish causal relationship utilizing mechanism of injury, and the medical documentation. The diagnosis can be coded based on the ICD-9 code (or narrative description) submitted by the MCO/treating provider when everything agrees with the Diagnosis Determination Guidelines. If there is a diagnosis but not sufficient medical documentation (i.e., one (1) subjective and one (1) objective finding), a physician reviewer opinion is required to verify what diagnosis to code.
INJURIES WHERE SUBJECTIVE/OBJECTIVE FINDINGS AND DIAGNOSTIC TESTS EXIST (on the Diagnosis Determination Guidelines)	Establish causal relationship utilizing mechanism of injury and the medical documentation. The diagnosis can be coded based on the ICD-9 code (or narrative description) submitted by the MCO/treating provider when everything agrees with the Diagnosis Determination Guidelines. If there is a diagnosis but not sufficient medical documentation (i.e., at least one (1) subjective and one (1) objective finding, <u>and</u> the diagnostic test with findings that agree with those in the guidelines), refer to physician review for an opinion on what is medically supported by the evidence. If the physician reviewer feels that the requested diagnoses cannot be allowed without the diagnostic tests, code according to the diagnosis the physician reviewer indicates the medical evidence does support.
INJURIES – NOT MINOR – UNABLE TO OBTAIN ANY MEDICAL INFORMATION (None at all)	Cannot establish causal relationship. – No medical to send to a physician review. Make decision based on all other information in the claim (based on preponderance of evidence and mechanism of injury), and determine whether the injured worker met their burden of establishing compensability of the claim.