



Required Information for ICD-10 Compliance in Radiology

Reason for Exam/Procedure

1. Signs & Symptoms,

*Duration, visual description, mobility, physical symptoms,
when and how it happened (if applicable)*

2. History

*Is this the first occurrence or does the patient have a history
with this condition/symptom?*

3. Severity *Acute or Chronic; Traumatic or Non-Traumatic*

Injury/Fracture (if applicable)

Type of Injury

Abrasion, Irritation, Laceration/cut, Contusion/bruise, or Fracture

Fracture *Caused by disease, Trauma, or Spontaneous & unknown*

Encounter *Initial, # in a series of check ups, or Follow up*

Healing *Routine, Delayed, Non-Union, or Mal-Union*

Intent of Imaging

Healing status, Diagnostic for tx, or Evaluation of residual issue

Incident *How and where did the injury happen?*

Cancer/Neoplasm (if applicable)

Malignant, In-situ, Benign, or Uncertain Behavior

If Malignant: *Please note personal history.*

Growth Type *Neoplasm or New growth*

Other Relevant Info

Diabetes (if applicable)

Controlled or Uncontrolled

Type 1, Type 2, or Gestational

Pregnancy (if applicable)

Reason for Exam: Disease or Injury?

If injury? Fill out "Injury/Fracture" section too.

How is the condition affecting pregnancy?

Obstetric Ultrasound

Trimester: 1st, 2nd, or 3rd

Weeks: <14 Weeks or > 14 Weeks