

# *15 Things Trauma Physicians Should Know About AIS Coding*



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<https://www.trauma-news.com/2018/08/15-things-trauma-physicians-should-know-about-ais-coding/>

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# ***Lack Of Detail = Low ALS code= Low ISS***

**“The key to documenting ALS is to include as much relevant detail as possible!”**



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# ***Clinical Diagnosis Of Injury Is Generally Not Enough***

**“In most cases, a clinical diagnosis alone is not sufficient to support an AIS code. In order to be coded in AIS, a diagnosis must be supported by documentation such as imaging studies or an autopsy report.”**

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# ***Preliminary Diagnoses Are Not Codeable In ALS***



**POSSIBLE  
SUSPECTED  
RULE OUT**

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# ***Mechanism Of Injury Is Not an Injury!***

“There are no AIS codes associated with mechanism of injury. Language such as “pedestrian struck by a car” or “burned in a house fire” does not generate an AIS code.”

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# ***Complications Are Not Injuries***

**DVT**

**INFECTION**

**EPILEPSY**

**ETC**

**Not codeable for AIS**

**Put these in your complications section**

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# ***Sequela** Are Not Generally Injuries*

Conditions caused by or following an injury are generally not codable in AIS



- However, there are a few exceptions to this principle: asphyxia, blood loss, air embolism, hemo/pneumothorax, brain edema/swelling and compartment syndrome. Note that in order to be coded in AIS, these conditions must meet the definition and rules listed in the Abbreviated Injury Scale Dictionary.

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# ***Iatrogenic Injuries Are Not Counted In AIS***

AIS only counts injuries  
sustained in the traumatic event

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# ***Death Is Not An Injury***

**Mortality doesn't yield an ISS of 75**

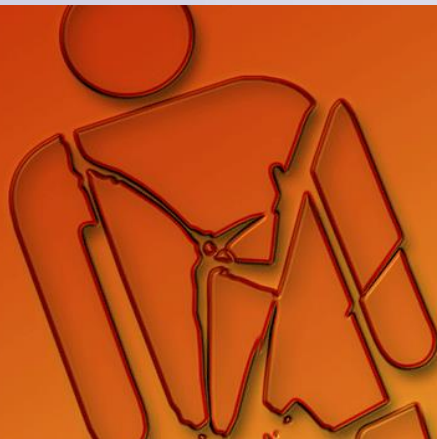
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# ***You Cannot Assume An Injury Occurred Just Because An Outcome is Present***

**“It is critical to substantiate and document the actual injuries that led to these outcomes.”**

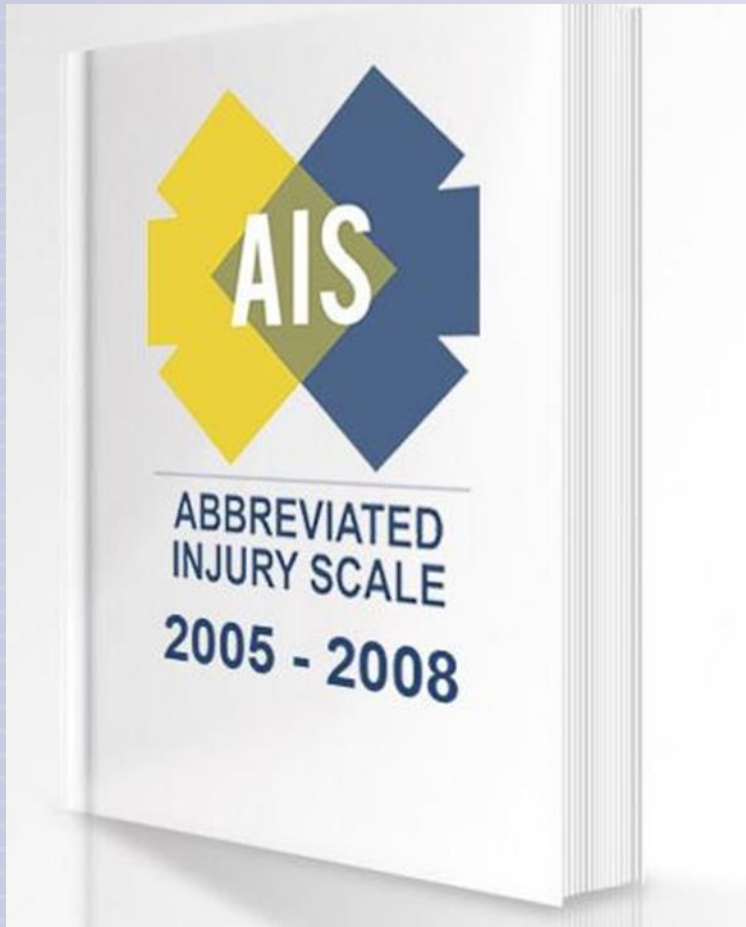


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# *Injuries Not In AIS Dictionary Cannot Be Coded In AIS*



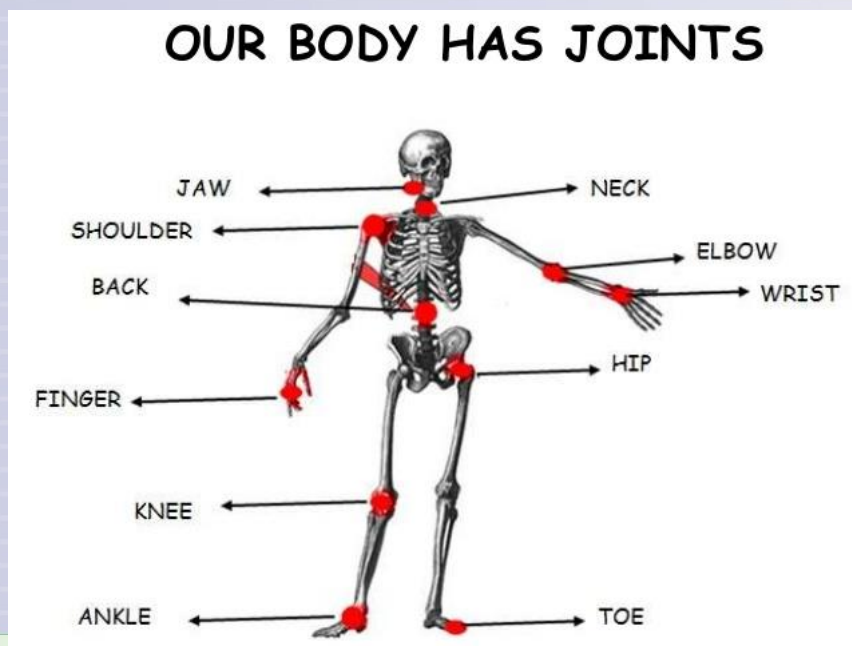
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# ***Joints Do Not Fracture***

**“In the ALS system, joints may sprain or dislocate, but they do not fracture!”**



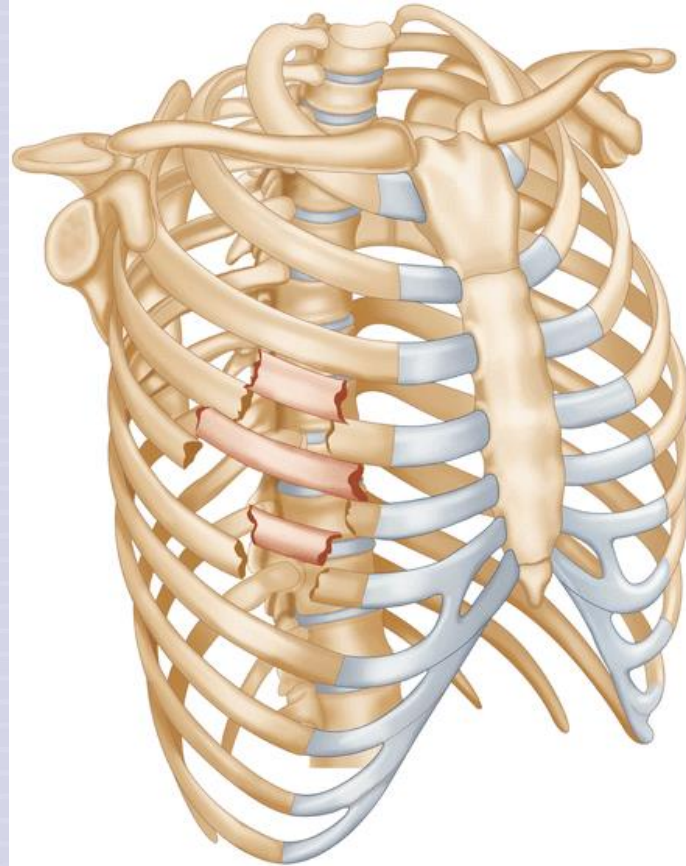
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# ***Flail Chest Requires Fractures In Three Or More Adjacent Ribs***



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# Loss Of Consciousness Must Be Documented

“Documentation must include convincing evidence of head injury & diagnosis of LOC by a physician or physician extender.”

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# When Charting Brain Hematoma/Hemorrhage Include Perilesional Edema

**“When documenting the size of a brain hematoma or brain hemorrhage, include any perilesional edema in the measurement.”**



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# Diffuse Axonal Injury Must Meet Specific Requirements

- Immediate and prolonged coma (> 6 hours)
- Radiographic proof of shearing lesions
- No other reason for loss of consciousness
- Physician must diagnose it

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# BETTER DOCUMENTATION

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# BETTER DATA



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