

Dermatology Coding Alert

Location Criteria Scratch the Surface of ICD-9 Burn Coding

5 questions test your 941-947, 948 and E code knowledge

If you report treatment for burns, you may need to choose among three or more ICD-9 codes to accurately describe even the most uncomplicated first-degree burn or scald.

To sort out the confusion, coding experts recommend that you answer these five questions before reporting your burn codes.

1. What Is the Burn's General Location?

Ask yourself, "What general anatomic location did the patient burn?" says **Katie Cianciolo, RHIA, CCS, CCS-P**, a coding consultant in Waukesha, Wis. Then, you should use the 941-947 ICD-9 codes to identify the location. For example, if you answered "face," you would assign 941.27 (Forehead and cheek) and 941.28 (Neck), which describe head and neck burns.

Use the 942 series for burns to the trunk. Codes in the 943, 944 and 945 series describe burns to the arms, hands and legs.

For a burn confined to the eye and adnexa, you should assign a code from the 940 series.

Coding tip: Don't forget to assign multiple codes for burns in separate anatomic locations. For instance, if a patient presents with burns on his left arm and right leg as a result of an accident while lighting fireworks, you may report both 943.xx (for the arm burns) and 945.xx (for the leg burns), assigning the fourth and fifth digits as appropriate (see below).

2. How Severe Is the Burn?

To determine the fourth digit, you need to know the burn severity. Typically, in your practice, you will use the following fourth-digit codes: 0 - unspecified degree

- 1 -- erythema (first-degree)
- 2 -- blisters, epidermal loss (second-degree)
- 3 -- full-thickness skin loss (third-degree NOS).

Be careful that when you report multiple burns of differing degrees (severity) for the same area, you code only the highest-level burn, Cianciolo says.

For example, if a patient has both first- and second-degree burns of the face, you should report only the more severe (second-degree) burns, using 941.2x. If the same patient also had second- and third-degree burns on the left arm, you would report 943.3x in addition to 941.2x.

3. What Is the Burn's Specific Location?

You should next ask, "Where is the patient's burn specifically located?" which will help you determine the fifth digit. Unlike the categories for the fourth digit -- which are the same regardless of body area -- the fifth-digit is specific to the affected area. For example, when you report 941.x1, you are indicating that the burn is on the "ear [any part]," whereas when you code 942.x1, you are describing a burn on the breast.

Again, higher-degree burns take precedence over lesser-degree burns in the same general anatomic area. For example,

for a second-degree burn on the back and a first-degree burn on the stomach, report only 942.24 because both burns are on the trunk. But you may code an additional first-degree burn on the forearm separately (943.11) because the arm is part of a different body area.

4. How Extensive Is the Burn?

Next, you need to assign a diagnosis that reflects the burn's extent. With 940-947, ICD-9 instructs you to use a secondary diagnosis from the 948 series even when the patient has a single or first-degree burn, says **Jaime Darling, CPC**, certified coder for Graybill Medical Group in Escondido, Calif. To assign 948's fourth and fifth digits, ask yourself what percentage of the patient's body is burned and what percentage of the patient's body contains third-degree burns, respectively.

For instance, if a patient presents with a first-degree burn on his index finger, you should assign 948.00 (Burn [any degree] involving less than 10 percent of body surface) for the secondary diagnosis. Because the patient burned less than 10 percent of his body, you should assign a fourth digit of "0" (Burn [any degree] involving less than 10 percent of body surface), Darling says. Since the burn is only a first-degree burn, the percentage of third degrees is 0, and the corresponding fifth digit is 0 (... less than 10 percent or unspecified).

5. Did an Accident Cause the Burn?

If the burn is accidental, you should report an E code. ICD-9 classifies accidents caused by fire and flames to E890-E899 (Accidents caused by fire and flames). You should look in E924.x (Accident caused by hot substance or object, caustic or corrosive material, and steam) for codes describing accidental burns from hot objects. For example, if a woman accidentally burns herself with boiling water, you should use E924.0 (... hot liquids and vapors, including steam).

E codes may help determine if a third-party payer is liable for treatment costs. Be aware, however, that not all payers recognize E codes.