Dermatology Coding Alert

Looking to 16000-16030 for Burn Treatments?

There\'s more to the procedures than dressing, debridement

If you\'re reporting 16000-16030 codes, you might be forfeiting pay -- up to $868 -- for separately reimbursable procedures, because procedures such as skin grafts are not included in these codes. Our coding experts offer these three tips for improving your burn treatment reimbursement.

Tip 1: Size Determines Anesthesia Code Choice

If the doctor only debrides or curettes a burn, you should select an initial treatment code from the 16000-16030 series.

Here\'s why: Select 16000 (Initial treatment, first-degree burn, when no more than local treatment is required) when the physician tends to a first-degree burn only (burns affecting only the epidermis), says **Stephanie Collins, CPC,** healthcare consultant with Gates, Moore & Company in Atlanta.

For more extensive burns, you must choose among codes 16010 (Dressings and/or debridement, initial or subsequent; under anesthesia, small) to 16030 (... without anesthesia, large [e.g., more than one extremity]). You do not determine the appropriate code by debridement depth, as is usually the case, Collins says. Instead, select codes depending on whether the physician anesthetizes the patient, as well as the size of the affected area.

Example: If the doctor treats more than one extremity with the patient under anesthesia, you should use 16015 (Dressings and/or debridement, initial or subsequent; under anesthesia, medium or large, or with major debridement), Collins says. If the physician doesn\'t anesthetize the patient, you should report 16030.

Similarly, when the dermatologist treats the entire extremity (or face), you should report 16025 (... without anesthesia, medium [e.g., whole face or whole extremity]) if the physician does not use anesthesia, or 16015 if she does sedate the patient.

For small debridements under anesthesia, select 16010. If the patient didn\'t receive anesthesia, use 16020, coding experts say.

Don\'t miss: The doctor must determine whether the affected area qualifies as small, medium or large, using the CPT descriptors as a guideline.

Physicians use the \"Rule of Nines\" to calculate the size of a burn in order to classify the treatment area as small, medium or large, says **Patricia Tinker, CPC,** clinical practice manager in the department of dermatology at Yale University School of Medicine in New Haven, Conn. Following this rule, you should divide the body surface into segments of 9 percent or multiples of 9 percent, Tinker says. So, the head and face combined equal 9 percent of the total body surface area, and each arm equals 9 percent of the total body surface area, she says. Then, the trunk front and trunk back are each equal to 18 percent of the total body surface area, as is each leg.

Bottom line: CPT advises that you should consider involvement of the whole face or an entire extremity as a \"medium\" defect. From this information you can conclude that a \"medium\" defect falls between 9 and 18 percent of the total body surface area. A \"large\" defect involves more than 18 percent of the total body surface area, and a \"small\" defect is anything less than 9 percent of the total body surface area, Tinker says.

One more thing: Make sure the dermatologist clearly states the size of the affected area in the documentation to support any code selection.

Tip 2: Claim Skin Grafts When Applicable

Codes 16000-16030 describe immediate local treatment of the burn surface only, so you may report skin grafts separately if the physician performs them, Collins says.

You should select the appropriate skin graft code(s) from the 15100-15650 portion of CPT -- not doing so could undermine your reimbursement and cause your practice to lose well-deserved pay.

Example: The doctor treats a patient with third-degree burns on the left arm, using anesthesia. He uses a free, full-thickness graft of 40 sq cm to close the wound.

Solution: In this case, you should report 16010 for the initial burn treatment and 15220 (Full-thickness graft, free, including direct closure of donor site, scalp, arms, and/ or legs; 20 sq cm or less), +15221 (... each additional 20 sq cm [list separately in addition to code for primary procedure]).

One more thing: Report 15000-15001 (Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar [including subcutaneous tissues] ...) as appropriate when the physician surgically prepares the recipient site.

Tip 3: Treat Infections as Staged Procedures

For follow-up procedures, you may have to append modifiers to receive appropriate payment. For instance, if the physician must treat an infection on the burned skin surface, you may report the appropriate procedure code(s) appended with modifier -58 (Staged or related procedure or service by the same physician during the postoperative period).

Example: A patient returns to your office every Wednesday for six consecutive weeks. During those visits, the dermatologist debrides an infected wound. You should code these visits with the appropriate CPT code (11000-11001) with modifier -58. Your choice of code in this case depends on the total percentage of body surface the dermatologist debrides.