Dermatology Coding Alert

READER QUESTIONS: Code 16000 Requires Burn Treatment

Question: A dermatologist diagnoses a patient with a second-degree burn on her right palm (944.25). The treatment plan calls for the patient to apply ice or run cold water over the area two or three times a day, and to apply Silvadene cream twice a day. The dermatologist notes that blisters had formed on the right hand. Should I use a burn code for the dermatologist's service?

Utah Subscriber

Answer: No. You should reserve a burn code, such as 16000 (Initial treatment, first-degree burn, when no more than local treatment is required) or 16020 (Dressings and/or debridement of partial-thickness burns, initial or subsequent; small), for when the physician provides actual treatment.

In your example, the dermatologist only evaluates the patient's problem and provides a treatment plan the patient can perform herself. Therefore, you should instead report the appropriate E/M code (99201-99215). Choose the level based on the documentation's history, exam and medical decision-making components and the patient's status as new or established.

For example, if the patient is established and the dermatologist documents expanded problem-focused history and low-complexity medical decision-making, you could assign 99213 (Office or other outpatient visit for the evaluation and management of an established patient ...).