Dermatology Coding Alert

Sunburn Care: Keep Your Sunburn Coding in the Pink and Out of the Red

Tip: Know when a sunburn case merits and E/M code.

Summer's just around the corner ⬜ and for dermatology practices, that means an uptick in the number of sunburn cases you'll see. Your coding may seem straightforward, but there are a few fine points to keep in mind. No matter what stage of burn your patient has, our expert advice will help you keep your coding quality first degree.

Plan for E/M Code Up Front

Most -- but not all -- sunburn cases merit E/M codes.

Example: An established patient visits the office because he's concerned about his sunburned back. The physician examines the patient's back and decides the burn is superficial and will heal on its own in a few days. The physician advises the patient to avoid lying on his back and to wear his shirt while in the sun. She recommends using a topical aloe gel to help relieve pain.

Code it: The physician didn't spend a lengthy amount of time examining or counseling the patient, and didn't administer any treatment. Therefore, the visit leads to a low-level E/M code such as 99212 (Office or other outpatient visit for the evaluation and management of an established patient ...).

More Extensive Care: Switch to 16000

Caring for sunburn injuries can result in a CPT® procedure code instead of E/M. The seriousness of the burn and evidence of documented treatment will be your clues to consider different codes.

Top option: If the physician provides local treatment to the patient's sunburn, choose 16000 (Initial treatment, first degree burn, when no more than local treatment is required) for the encounter.

Watch for: A first-degree burn usually only reddens the skin. The patient might have some swelling and mild blistering, but this is normal and usually resolves quickly. Treatment of a burn categorized by 16000 would probably include use of topical medication, such as a topical anesthetic. The physician might also apply bandages to the burned area, but first-degree burns rarely require more than an application of moisturizer to soothe the skin.

Reporting 16000 will add approximately $26 more to your bottom line than a low-level E/M code such as 99212. Code 16000 pays $69.82 (1.95 transitioned non-facility relative value units multiplied by the 2016 Medicare conversion factor of $35.8043), while 99212 is worth about $43.68 (1.22 RVUs x $35.8043) using the 2016 Medicare Physician Fee Schedule.

Look to L55 for Dx

Depending on the degree, you will report one of these ICD-10 codes for the sunburn diagnosis:

- L55.0 ⬜ Sunburn of first degree
- L55.1 ⬜ Sunburn of second degree
- L55.2 ⬜ Sunburn of third degree
- L55.9 ⬜ Sunburn, unspecified.

First degree: As mentioned above, a first-degree sunburn may cause mild pain and redness, but affects only the outer layer of skin. It can usually be treated at home.

Second degree: If the skin swells and develops small, fluid-filled blisters, deep skin layers may have been damaged. A second-degree sunburn takes longer to heal,

Third degree: These burns are marked by severely red to purplish skin discoloration and blistered skin accompanied by chills, mild fever, nausea, headache or dehydration.

For second and third-degree sunburn treatments, you would use one of these codes, depending on body area affected, says **Pamela Biffle, CPC, CPC-P, CPC-I, CPCO,** owner of PB Healthcare Consulting and Education Inc. in Austin, Texas:

- 16020 ⬜ Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)
- 16025 ⬜ ... medium (e.g., whole face or whole extremity, or 5% to 10% total body surface area)
- 16030 ⬜ ... large (e.g., more than 1 extremity, or greater than 10% total body surface area).