

Internal Medicine Coding Alert

Reader Question: Play by the Rules When Coding Burns

Question: Recently I read an article that instructed coders to use the "Rule of Nines" when coding burn treatments. Would you explain this rule?

Wyoming Subscriber

Answer: Generally, to accurately code your internist's burn treatments, you should select a code from the 16000-16036 series. But before you can make that selection, you have to know the burn's size, which is where the "Rule of Nines" comes in.

Medicare bases 948.x (Burns classified according to extent of body surface involved) on the Rule of Nines to estimate the amount of body surface burned. If, for instance, a patient presents with 10 to 19 percent of his body burned, your physician would select 948.1x. And you would link this code to the proper CPT code, such as 16020 (Dressings and/or debridement, initial or subsequent; without anesthesia, office or hospital, small).

CPT breaks down the Rule of Nines like this:

1. The head and neck, the right arm, and the left arm each equal 9 percent.
2. The back trunk, front trunk, left leg, and right leg each equal 18 percent (the front and back trunk and each leg can be divided into upper and lower segments, each equaling 9 percent).
3. The genitalia equal 1 percent.

Both Medicare and private payers accept the Rule of Nines, which is the best method for managing and treating burns in any setting.

Note: You can find the Rule of Nines section on page 61 of your 2004 CPT manual.

- Answers for You Be the Coder and Reader Questions were reviewed by **Kathy Pride, CPC, CCS-P**, a coding consultant for QuadraMed in Port St. Lucie, Fla.; and **Bruce Rappoport MD, CPC**, a board-certified internist who works with physicians on compliance, documentation, coding and quality issues for Rachlin, Cohen & Holtz LLP, a Fort Lauderdale, Fla.-based accounting firm with healthcare expertise.