

## Internal Medicine Coding Alert

### READER QUESTIONS: Don't Let Simple Burn Coding Get Complicated

**Question:** A patient came in with first- and second-degree burns on her hand. The internist cleaned and dressed the burn but didn't perform debridement. Should I bill 16000 and 16020?

Rhode Island Subscriber

**Answer:** No. You should only report 16020 (Dressings and/or debridement, initial or subsequent; without anesthesia, office or hospital, small).

A burn usually involves more severe tissue damage in the center - the second-degree burn - and radiates out with less severe burning on the outer edges - the first-degree burn. The more complicated treatment of the second-degree burn (16020) would include the adjacent simpler treatment of the first-degree burn (16000, Initial treatment, first-degree burn, when no more than local treatment is required).

But if you treat a patient for two separate burns, you should report both 16020 and 16000. In this case, you would use 16000 to describe the internist cleansing, applying ointment and dressing the first-degree burn. For dressing and/or debriding the second-degree burn, you would report 16020.

**Remember:** You should also append modifier -59 (Distinct procedural service) to 16000. The modifier indicates that the internist treated the first-degree burn on a separate site from the dressing and/or debridement. Without modifier -59, insurers may bundle 16000 into 16020.

The National Correct Coding Initiative, version 11.1, indicates that 16000 is a component of 16020. The edit contains a "1" modifier.

Therefore, you may use a modifier to override the bundle if circumstances - such as a separate anatomic site - justify unbundling the codes.