

Internal Medicine Coding Alert

Reader questions: Neglecting 948.xx Is a No-No on Burn Claims

Question: When I am diagnosis coding for burn victims, do I need to include a code from the 948.xx set on every claim?

Wisconsin Subscriber

Answer: Yes, once you locate code(s) to represent the patient's burn(s), find the appropriate code from 948.xx (Burns classified according to extent of body surface involved) as a secondary diagnosis. The 948.xx codes can also serve as primary diagnoses when the site of the burn is unspecified, according to ICD-9 2009.

Reason: This code helps paint a better picture of the patient's injuries: the fourth digit in the 948.xx code represents the total body surface area (TBSA) burned, and the last digit indicates how much of the TBSA suffered third-degree burns.

You'll employ the "Rule of Nines" to select the fourth and fifth digits. The Rule matches percentages and body areas thusly:

- head and neck, the right arm, and the left arm each equal 9 percent
- the back trunk, front trunk, left leg, and right leg each equal 18 percent (the front and back trunk are divided into upper and lower segments, and each leg is divided into back and front segments, each equaling 9 percent)
- genitalia equals 1 percent.