

Internal Medicine Coding Alert

You Be the Coder: Friction Burns Are Still Counted As 'Burns'

Question:

A patient presented with multiple friction burns from a treadmill. He had partial thickness friction burns to one hand, both ankles, and one foot. He had a full thickness friction burn to down to the fascia on two fingers. Our internist cleaned all burns with surclens and debrided the loose skin, applied silvadene, and applied gauze and dressings to all burn areas. What codes should we report?

Missouri Subscriber

Answer:

You'll need to calculate the total body surface area (TBSA) affected by the burns (based on the documentation) to code accurately. The two possibilities for the partial thickness burns are 16020 (Dressings and/or debridement of partial-thickness burns, initial or subsequent; small [less than 5 percent total body surface area]) or 16025 (... medium [e.g., whole face or whole extremity, or 5 percent to 10 percent total body surface area]).

Full-thickness burns often require skin grafting. If that's the case with this patient, the intern will refer the patient to a surgeon for definitive treatment. He might complete temporary debridement and dressing in the meantime, but 16020 and 16025 include that care. If the burns were not serious enough to require grafting, however, include the burns to the fingers in your calculations with 16020 or 16025.

Follow up: When the patient returns for a check-up, you'll turn to the same group of codes. Remember that the specific codes might change because of TBSA, depending how much healing has occurred. These codes have a 0-day global period associated with them, allowing for repeat billing of the services for follow-up visits.