

Internal Medicine Coding Alert

You Be The Coder: ICD-9 Coding for Burns in the Same Region

Question: A patient reports to the internist with a pair of burns: a second-degree burn on her right wrist and a first-degree burn on the back of her right hand. How many diagnosis codes should I report to account for these burns?

Montana Subscriber

Answer: One. Because the burns were in the same anatomic location, you should code the diagnosis for the burn with the highest severity, and leave the burn of lesser severity off the claim. For this encounter, report 944.26 (Burn of wrist[s] and hand[s]; blisters, epidermal loss [second degree]; back of hand) to represent both burns.

If the burns were instead in separate anatomic areas, you would report a diagnosis code for each injury. So if the physician treats a first-degree burn on a patient's right elbow and a second-degree burn on the patient's hand, report 943.12 (Burn of upper limb, except wrist and hand; erythema [first degree]; elbow) and 944.26 on the claim.

No matter what: When choosing diagnosis codes for your burn treatment claims, include a code from the 948.xx set (Burns classified according to extent of body surface involved) to represent the total body surface area (TBSA) of the burn. So if a patient had burns to 8 percent of TBSA, with no mention of third-degree burns, you would include 948.00 (Burn [any degree] involving less than 10 percent of body surface; less than 10 percent or unspecified) on the claim.