

Part B Insider (Multispecialty) Coding Alert

PART B CODING COACH: Double Your \$\$ When You Spot E/M + Burn

Know the key component of 16000 and put burn coding questions on ice.

When an emergency department (ED) physician treats a lesser burn, it might only result in an E/M service -- but you can legitimately increase your reimbursement if you find evidence of burn treatment along with a separately identifiable E/M.

Hit the target every time, and avoid getting the third degree from payers, by following this advice on burn treatment coding.

Choose E/M If You Find No Treatment Evidence

Step 1 in burn treatment coding is deciding whether you can use a code from the 16000 series. While a patient might technically be burned, you cannot automatically choose a 160xx code, confirms **Marcella Bucknam, CPC, CCS-P, CPC-H, CCS, CPC-P, COBGC, CCC**, manager of compliance education for the University of Washington Physicians and Childrens University Medical Group Compliance Program.

If a burn does not require any treatment, then 16000 [series] codes may not be appropriate, and you should typically report the service with an E/M code, explains **Jaime Darling, CPC**, coder with EA Health Corporation in Solana Beach, Calif.

Example 1: The mother of a four-year-old boy reports to the ED concerned about his sunburned back. A qualified nonphysician practitioner (NPP) examines the patient's injury, and decides that it is superficial and will heal on its own. The NPP tells the mother to try and keep the child from lying on his back, and that the burn should fade in a day or two.

This scenario would result in a low-level E/M such as 99282 (Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity).

Caveat: This does not mean, however, that all sunburns will be E/M services.

Caring for these injuries might result in a procedure code -- if the burn is serious enough, and you can find evidence of treatment in the encounter notes.

Confirm Local Treatment for 16000

Turn to the procedure code set when the provider evaluates and treats the patient's burn. If local treatment occurs, choose 16000 (Initial treatment, first degree burn, when no more than local treatment is required) for the encounter, Darling confirms.

Definition: Treatment of a 16000 burn would most likely include use of topical medication. A first-degree burn usually only reddens the skin. There may be some swelling and mild blistering, but this is nominal and usually resolves quickly, Bucknam says. In some 16000 encounters, the physician will use a topical anesthetic.

Bandages are possible, but unlikely, for most first-degree burns, which rarely require any treatment beyond application of moisturizer to soothe the skin, she explains.

Further, a first-degree burn affects the epidermis only, says Darling.

Example 2: The mother of a four-year-old boy reports to the ED concerned about his sunburned back; the mother says

the boy was out shirtless in the sun for a few hours.

A qualified NPP examines the burn, and finds epidermal redness with a transient suggestion of blistering. The NPP also provides a brief E/M to be sure that the patient was not suffering from dehydration or neurological problems due to sun exposure (notes reflect level-two E/M service).

The NPP applies AfterBurn gel and silvadene, prescribes ointments and ibuprofen, and instructs the mother to follow up with their primary care physician (PCP) if any problems arise.

In this instance, you can include an E/M and a burn treatment code. On the claim, report the following:

" 16000 for the treatment

" 99282 for the E/M

" Modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) appended to 99282 to show that the E/M and treatment were separate services.

Payoff: Example 2 nets twice as much money as Example 1, because you were able to report 99282 and 16000 rather than just 99282.

The average payout for Example 1 is \$39 (1.09 transitioned facility relative value units [RVUs] multiplied by the 2009 Medicare conversion rate of 36.0666). On Example 2, you'll grab the \$39 for 99282 and another \$44 for 16000 (1.21 RVUs multiplied by 36.0666).

Best bet: Make sure you can identify separate E/Ms on your burn treatment claims; coders that don't know when burn treatment occurs will cost EDs.

Watch Out: E/M Might Not Be Possible on 16000

Some experts warn that a first-degree burn treatment may not warrant a separate E/M, which is almost a given for many ED patient scenarios. In the example above, the NPP examines the patient for potential issues outside of the burn treatment -- but this might not always be the case.

Best bet: Proceed with caution before coding an ED E/M along with a first-degree burn treatment. Be sure the chart reflects a separately identifiable E/M in addition to the burn treatment before reporting them both.

Size Matters on 2nd-Degree Burn Tx

While not as frequent, the ED physician will also treat second-degree burns, which you'll represent with codes 16020-16030 (Dressings and/or debridement of partial thickness burns, initial or subsequent &), depending on the size of the burned area, Darling confirms.

Definition: A partial thickness (second-degree) burn is a burn that destroys some layers of the skin, but does not completely burn away the full-depth skin cells in the area.

These injuries typically affect both the dermis and epidermis, and typically feature blistering, Bucknam explains.

Treatment: Bandages or other wraps are much more common when the physician treats a second-degree burn because of the potential for infection. According to Bucknam, second-degree burn treatment can include:

" Either sharp debridement with a scalpel, or scissor/non-selective debridement by scrubbing

" Wet-to-dry dressing changes

" Antibiotics (topical and oral)

" A sterile living area while the burn heals.

If you notice second-degree burn elements in an encounter form, be on the lookout for the chance to choose a 16020-16030 code. Use the Rule of Nines to determine the total body surface area (TBSA) burned.