

Eli's Rehab Report

Follow These 3 Steps to Figure Out Your Primary Burn Code

Hint: The fifth digit requires you to know the burn's specific anatomic location

Assigning ICD-9 burn codes to a patient can be tricky because you have to go through three steps to get to each fifth digit. Here's how to choose the right 940-947 code every time.

Before you get started, you need this information about the burn(s):

general location on the patient's body

the severity of the burn (first degree, second degree, etc.)

a more specific location of the burn site.

Step 1 - Decide on the General Location

The first three digits of the code indicate the general location of the burn on the body. Here's a quick reference when you're getting ready to choose the first ICD-9 code:

Burn confined to eye and adnexa	940 series
Burn of face, head, and neck	941 series
Burn of trunk	942 series
Burn of upper limb, except wrist and hand	943 series
Burn of wrist(s) and hand(s)	944 series
Burn of lower limb(s)	945 series
Burn of multiple specified sites	946 series
Burn of internal organs	947 series

For example, if a patient burns her elbow with a candle, your diagnosis code would be in the "burn of upper limb, except wrist and hand" series 943.xx.

Heads-up: Don't forget to assign multiple codes for burns in separate anatomic locations. For instance, if your physiatrist sees a patient with burns on his left arm and right leg as a result of lighting fireworks, you may report codes from both the 943 series (for the arm burn) and the 945 series (for the leg burn).

Problem: Because you need to know so many specifics, your physiatrist's documentation has to be top-notch. However, if for some reason you can't determine the site of the burn, refer to the alphabetic index of ICD-9 - the term "burn" without any other specifics will lead you to 949.0 (Burn, unspecified), says **Maria Johnson, CPC**, coding project coordinator at MedaPhase Inc. in San Antonio, Texas.

Step 2 - Ascertain the Severity

In order to assign the fourth digit, you'll need to check your physiatrist's documentation to determine the burn severity.

Typically, you'll use the following fourth-digit codes for 941-946:

- 0 Unspecified degree
- 1 Erythema (first degree)
- 2 Blisters, epidermal loss (second degree)
- 3 Full-thickness, skin loss (third degree NOS)
- 4 Deep necrosis of underlying tissues (deep third-degree) without mention of loss of a body part
- 5 Deep necrosis of underlying tissues (deep third-degree) with loss of a body part

Following with the same example above, if a patient burnt her elbow from a candle, you'll likely report 943.1x to demonstrate that this burn was an erythema burn or first-degree burn.

Red flag: You'll need to pay particular attention when you're assigning multiple burns of differing degrees of severity for the same area. In this situation, you should report on the highest level of burn.

For example, if a patient has both first- and second- degree burns of the legs, you should report only the more severe (second-degree) burn, using 945.2x. If the patient also has second- and third-degree burns on her left arm, you should report 943.3x in addition to 945.2x.

Step 3 - Get Location-Specific

To finally come up with the fifth digit, you'll have to dig a little further into your physiatrist's documentation and find the specific anatomic location. Unlike the categories for the fourth digit, which are the same regardless of body area, the fifth digit is particular to the specific area of the body affected by the burn.

For example, assigning a fifth digit of "1" to a 941 series code indicates to carriers that the patient has a burn to her "ear [any part]." If you assign the same "1" to a 942 series code, you're indicating that the patient has a burn to her breast.

Note: Again, when you're reporting multiple burns, the higher-degree burns take precedence over lower-degree burns in the same general anatomic area.

This means that if a patient has a second-degree burn on his back and a first-degree burn on his stomach, you'll report only one code - 942.24 (Burn of trunk; blisters, epidermal loss [second degree]; back [any part]). You'll report this single code for both burns because they both occurred on the trunk.

If the same patient had a first-degree burn on his forearm, you'll report 943.11 (Burn of upper limb, except wrist and hand; erythema [first degree]; forearm) in addition to 942.24. The arm is part of a different area of the body.

Keep in mind: Your coding doesn't stop here. You'll need to report a secondary burn code in order to paint the complete picture. To learn how to do that, see "Use the Rule of Nines to Rule Over Secondary Burn Coding," later in this issue.

Bonus - Don't Overlook E Codes

If the burn is accidental, you should report an E code.

For instance, you'll report accidents caused by fire and flames with E890-E899 (Accidents caused by fire and flames). You should look in E924.x (Accident caused by hot substance or object, caustic or corrosive material, and steam) for codes describing accidental burns from hot objects.

If a patient burns himself with boiling water, you should use E924.0 (...hot liquids and vapors, including steam). If this occurred at work (say, at a restaurant), you would file this claim under workers' comp. "Workers' comp insurers almost always want to see an E code to tell how the accident or injury occurred," says **Heather Corcoran**, coding manager at CGH Billing Services in Louisville, Ky. Report it after the primary diagnosis code, as a secondary or third code.

Key: E codes may help determine whether a third-party is liable for treatment costs. Be aware, however, that not all payers recognize E codes.