

Eli's Rehab Report

Reader Questions: Examine the PT/OT Angle of Burn Coding

Question: I'm a new coder at a rehab center with therapists, and we see burn patients for aftercare. Should we be using burn codes?

Florida Subscriber

Answer: When coding for a physical therapist's (PT) or occupational therapist's (OT) burn therapy services, you should not code your claims using the burn diagnosis codes. Therapists should always code the actual problem they're treating.

The majority of carriers do not list burn ICD-9 codes as covered diagnoses for therapeutic exercises

(97110, Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility) and other therapeutic modalities physicians use in burn therapy, but they usually list other diagnoses such as joint contracture (718.40-718.49), joint pain (719.40-719.49), difficulty walking (719.7), limb pain (729.5), and other conditions associated with burn rehabilitation.

Remember, the therapy plan should always include the history of the burn and treatment to date - even if the ICD-9 code you're using isn't a burn code but the problem the burn has caused (pain, decreased range of motion, gait disturbance, etc.).