

## Eli's Rehab Report

### Use the Rule of Nines to Rule Over Secondary Burn Coding

#### Find out if your burn coding should change as a burn heals

Your burn coding shouldn't stop at burn series 940-947. ICD-9 instructs you to use a secondary diagnosis code from the "Burn, unspecified" 948 series - even when the patient has a single or first-degree burn.

According to **John Bishop, PA-C, CPC**, president of Bishop & Associates Inc. in Tampa, Fla., you should assign codes from category 948 when:

You don't know the site of the burn.

You intend to collect data to evaluate mortality statistics.

The patient has sustained greater than 20 percent of third-degree burns over his total body surface area (BSA).

You'll choose these codes based on the total BSA affected by the burn and the percent over third degree. You must apply the so-called "rule of nines," which divides the body into nine areas. ICD-9 assigns a percentage value (of 9 percent or 18 percent) to each, as follows:

9 percent	Head and neck
9 percent	Upper back
9 percent	Lower back
9 percent	Upper front
9 percent	Lower front
9 percent	Left arm
9 percent	Right arm
18 percent	Left leg
18 percent	Right leg

These nine areas total 99 percent, with the remaining 1 percent assigned to the perineum (genitals).

**Helpful:** The fourth digit signifies the percent of total body surface area affected by the burn; the fifth digit indicates the percent of body surface area with third degree burns, says **Maria Johnson, CPC**, coding project coordinator at MedaPhase Inc. in San Antonio, Texas.

**Example:** A patient has burns of the front upper torso, as well as the face and left leg, with third-degree burns on both the torso and left leg. First, you'll determine the primary ICD-9 code from code series 940-947 (see "Follow These 3 Steps to Figure Out Your Primary Burn Code").

As for the secondary diagnosis, you'll add together the values assigned to each body part (9 percent head and neck, 9 percent upper torso, 18 percent left leg) to arrive at a total of 36 percent.

Using the same method, calculate the area affected by third-degree burns (9 percent upper torso and 18 percent left leg,

for a total of 27 percent).

The 36 percent of body surface burns and 27 percent third-degree burns means that you'll arrive at the final diagnosis of 948.32 (i.e., burns involving 30-39 percent of body surface, with third-degree burns involving 20-29 percent of the body service).

**Remember:** You should claim the total percentage assigned to a specific body area, even if the entire area does not have burns. In other words, if only a portion of the right leg is burned, you should claim the full 18 percent of that area.

**Smart:** If your physiatrist sees a patient with burns greater than 20 percent, you shouldn't automatically assume the burns are third degree. The patient could have 20 percent first-degree burns. "You shouldn't imply conditions that do not exist," Johnson says.

The severity of a burn does not change as it heals. You will still consider it the degree it was initially. The size of the burn will change as it heals, but typically the percent for the 948.xx code won't change as it heals. For instance, third-degree burns have anatomic structural damage that may never heal or require additional surgery to re-establish nerve transfers.