

Home Health ICD-9/ICD-10 Alert

Coding How-To: Get Answers To Your Top-3 Burn Coding Questions

Watch for changes to burn/trauma wound reporting at M0440.

Coding for burns is no easy matter. It can take as many as three codes to fully describe a burn, and you need to know specifics to choose the right fourth and fifth digits. Our expert answers to your most common burn coding questions will help soothe any confusion.

1. Question: When coding for burns, how many diagnosis codes do I need to report? When should I include a code from the 948.xx category?

Answer: When reporting a burn, you should use at least two diagnosis codes. The first code, which represents the location of the patient's burn, should come from the 940.x-947.x series, says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C**, consultant and principal of **Selman-Holman & Associates** in Denton, TX.

Example: If a patient has a first-degree burn on her third, fourth and fifth knuckles, the proper diagnosis code would be 944.13 (Burn of wrist[s] and hand[s]; erythema [first degree]; two or more digits, not including thumb).

The second diagnosis code you'll need comes from the 948.xx series and represents the total body surface area (TBSA) and severity of the burn.

Remember: While some of the 947.x codes are only four digits, you must carry all 948.xx codes out to the fifth digit. Here's what you need to know:

- **Fourth digit** -- Percent of the TBSA affected by the burn of any degree.
- **Fifth digit** -- Percent of the TBSA with third-degree burns.

Example: If a patient's diagnosis is 948.11 (Burns classified according to extent of body surface involved; burn [any degree] involving 10-19 percent of body surface; 10-19 percent of body surface with third degree), the fourth digit indicates that 10 to 19 percent of TBSA was burned. The fifth digit indicates that between 10 and 19 percent of the TBSA contained third-degree burns.

2. Question: Where can I find ICD-9 codes for accidental burn victims?

Answer: You'll find them in the "E Codes" chapter of your ICD-9-CM manual -- but choosing the right one depends on the nature of the accidental burn, says Selman-Holman.

If fire caused the patient's injury, you would choose an E code from the E890-E899 code set (Accidents caused by fire and flames). For example, a patient whose shirt ignited when he stood too close to a gas stove burns his arm. The proper E code in this case would be E893.0 (Accident caused by ignition of clothing; from controlled fire in private dwelling).

But there's not always a fire when there's a burn: People also suffer accidental burns when standing in front of steam pipes, handling scalding water, etc.

If a patient has an accidental burn from a "hot" object, look to E924.x (Accident caused by hot substance or object, caustic or corrosive material, and steam).

For example, a woman burns herself when she trips and spills a pot of boiling water on her legs. In this case, the proper

ICD-9 code is E924.0 (... hot liquids and vapors, including steam).

3. Question: How does M0440 tie into coding for a patient with burns?

Answer: M0440 on the OASIS assessment asks, "Does this patient have a skin lesion or an open wound?" The "open wound" in this instance is any wound, whether a "gaping hole" or an incision closed with staples, says Selman-Holman. If the burn is the focus of care and you code for it at M0230a, M0440 must be answered "yes" to receive the 21 points for the burn, she explains.

But a patient can have an open wound in M0440 without having an open wound for diagnosis coding purposes. The term "open wound" in OASIS has a different meaning than in coding. "Open wound" in coding means a wound caused by accident or violence and is also known as a trauma wound. However, in OASIS "open wound" is what most clinicians would consider an open wound.

Tip: Abrasions such as carpet burns and sunburn aren't coded as burns. Listing a code from the 940-947 series for such burns is upcoding.

In coding terminology, open wounds are considered trauma wounds such as burns, animal bites, avulsions, cuts, lacerations, punctures and traumatic amputations.

Meet Criteria When Coding Burns As Primary

Inappropriate use of diagnosis codes in M0230 for open wounds not related to a burn or trauma may result in a medical review downcode and a reduction in the reimbursement rate, says regional home health intermediary **Palmetto GBA**.

In order to qualify for burn or trauma points in M0440, the primary diagnosis documented in M0230 must meet the criteria for a burn or trauma code and be the primary reason for skilled care, Palmetto explains in a recent article. And documentation should describe the cause of the open wound. Wounds due to medical causes, such as pressure ulcers, stasis ulcers, or surgical wounds, are often incorrectly coded as burn or trauma wounds.

OASIS update: The **Centers for Medicare & Medicaid Services** recently released a revised OASIS draft. If the changes move forward as proposed, CMS would remove M0440 from the OASIS assessment.

"The definition of skin lesion or wound is so broad that the answer 'no' should not have even been an option at M0440 -- at least not for the geriatric patient," says **Pam Warmack** with **Clinic Connections** in Ruston, LA.