

Home Health ICD-9/ICD-10 Alert

Coding How-To: Know Location And Degree To Keep Your Cool With Burn Coding

Only report a V code if your patient has had surgery for his burns.

Do you know which three pieces of information are essential to coding correctly for burns? Learn what they are to turn down the heat when reporting these patients.

Clear the smoke: Before you can assign a diagnosis code, you'll need to know the burn's location and the degree and percentage of body surface burned.

1. General Location. Use codes 941-946 "to code the burn by body location," says **Lisa Center**, quality coordinator with **Freeman Health System** in Joplin, MO. For example, if a patient has a burn on her hand, you know to begin your coding with the 944 series.

2. Degree. Select a fourth digit when reporting a diagnosis from the 941-946 series, Center says. Choose from six fourth-digit options to indicate the degree of the patient's burn, including 0 (Unspecified), 1-3 (first, second or third degree), 4 (Deep necrosis of underlying tissues without mention of loss of a body part), and 5 (...with loss of a body part).

Important: You should code for only the highest-level burn when you report multiple burns of differing degrees (severity) in the same area, says **Lisa Selman-Holman, JD, BSN, RN, CHCE, HCS-D, COS-C**, consultant and principal of **Selman-Holman & Associates** in Denton, TX. For example, if the patient suffered both third and second degree burns of the abdomen, you would report only the third degree burns of that area, she says.

3. Precise location. For ICD-9 codes 941-945, you must also assign a fifth digit to indicate the precise location of the patient's burn.

Example: The patient has a second-degree burn on his ankle. You would report 945.23 (Burn of lower limb[s]; blisters, epidermal loss [second de-gree]; ankle). Once again, higher-degree burns take precedence over lesser-degree burns in the same general anatomic area.

Report Extent Of Burns With 948.x

First step: Use codes from the 948.x (Burns classified according to extent of body surface involved) category to classify the burn according to the extent of the body surface involved, says Selman-Holman. Reporting 948.x to indicate site unspecified is not appropriate in the home care setting, she says.

To report the correct 948 code, you must first select a fourth digit to indicate the percentage of total body surface burned, Center says. Then, you should use a fifth digit to indicate what percentage of the body surface includes a third-degree burn, says **Linda Martien, CPC, CPC-H**, coding consultant with **National Healthcare Review** in Woodland Hills, CA.

To determine the body surface percentage burned, use the "Rule of Nines," says Selman-Holman. In the rule of nines, the head and face is considered 9 percent; each arm is considered 9 percent; the chest is 9 percent; the abdomen is 9 percent; the entire back is 18 percent; the front of each leg is 9 percent; the back of each leg is 9 percent; and the genitals are 1 percent for a total of 100 percent, she explains.

Avoid this mistake: Coders often stumble over the fifth digit for 948 because they mistakenly think the fifth digit

indicates the percentage of the burned area that is third-degree. In fact, you should select the fifth digit that indicates the percentage of the total body area with third-degree burns.

Avoid Reporting 946.x

You can use ICD-9 code 946.x (Burns of multiple specified sites) to report "burns of sites classifiable to more than one three-digit category in 940-945," Martien says. Category 946.x excludes "multiple burns NOS (949.0-949.5)."

Even though 946.x is appropriate for multiple burn sites, most coding experts recommend this code as a last resort. You should not report 946.x if you can code burns by specific area, Martien says.

Sequence matters: "In the case of multiple burns, sequence first the code that reflects the highest degree of burn," Center says.

Report Surgery With V Code

When coding for burns, you should list a V code only if the patient has had surgery, says Selman-Holman. In that case, list V58.43 (Aftercare following surgery for injury and trauma), she says.

Coding example: Your patient suffered third-degree burns on both arms and second- and third-degree burns on his face when the gasoline he was siphoning combusted. He has skin graft sites on both thighs. Code for this patient as follows, suggests Selman-Holman:

- M0230a: V58.43 (Aftercare following surgery for injury and trauma);
- M0240b: 941.39 (Burn of face, head, and neck; full-thickness skin loss [third degree NOS]; multiple sites [except with eye] of face, head, and neck);
- M0240c: 943.39 (Burn of upper limb, except wrist and hand; full-thickness skin loss [third degree NOS]; multiple sites of upper limb, except wrist and hand);
- M0240d: 948.22 (Burns classified according to extent of body surface involved; 20-29 percent of body surface; 20-29% of body surface with third degree burn);
- M0240e: E894 (Ignition of highly inflammable material); and
- M0245a: 941.39 (Burn of face, head, and neck; full-thickness skin loss [third degree NOS]; multiple sites [except with eye] of face, head, and neck).

The V code is appropriate in this case because the patient has had surgery (skin grafts) to help repair the burns.

The patient received both second- and third-degree burns on his face, but you need to report only the worst burns in that region -- in this case, the third-degree burns, says Selman-Holman. The worst places to be burned are the hands, face, and genitals, so list the burns to the face first in this scenario, she adds.

Hidden gem: Listing the third-degree facial burns in M0245 earns you 21 case mix points for a burn or trauma diagnosis.