

## Home Health ICD-9/ICD-10 Alert

### ICD-10 Coding: Get Ready to Add More Information to Burn Coding

#### ICD-10 will keep additional TBSA code.

The steps you'll take to code for burns in ICD-10 aren't all that different from the ones you follow under ICD-9. But you will have the new requirement to include a code that describes the cause of the burn.

Currently, when coding for a patient's acute burn, you'll list a code based on the body site affected and the degree of the burn. Plus you may also list an additional code for the total body surface area (TBSA) of the burn. This won't change when you start using ICD-10 in Oct. 2014. But you'll also need to add a code describing the cause of the burn.

Compare ICD-9 and ICD-10 Coding in this Scenario

Take a look at this coding scenario to see the differences between the two code sets. Your patient has a second degree burn of the left foot from hot bath water.

Step 1: Code the location and degree of the burn.

Under ICD-9, you'd report the condition as 945.22 (Blisters with epidermal loss due to burn [second degree] of foot).

In ICD-10, you would list T25.22D (Burn of second degree of left foot ... subsequent encounter). Notice that the ICD-10 descriptor includes "left" increasing the level of detail you can report.

**Another difference:** In ICD-10, certain codes require you to list a seventh character to provide information about the characteristic of the encounter. If you report only six characters for these diagnoses, you're submitting an invalid code and courting a claim rejection.

When it comes to injuries, you'll list seventh character "D" to indicate a subsequent encounter or "S" to indicate sequela. Seventh character "A" for initial encounter isn't likely to be used often in home health, says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C, HCS-O**, consultant and principal of **Selman-Holman & Associates** and **CoDR** **Coding Done Right** in Denton, TX.

Step 2: Report the TBSA.

Under both code sets, the next step in coding for a burn is to report the portion of the body affected by the burn and the portion affected by third degree burns. The addition of a T31 code is advisable when there is mention of a third-degree burn involving 20 percent or more of the body surface.

In the scenario described above, suppose the patient's burn covers 2 percent of his body. In ICD-9, you'd report 948.00 (Burn [any degree] involving less than 10 percent of body surface with third degree burn of less than 10 percent or unspecified amount).

And for ICD-10, you would report T31.0 (Burns involving less than 10% of body surface).

### Step 3: Report the Cause of the Burn.

While your ICD-9 burn coding for the scenario described above would be complete, under ICD-10 there's a third step. You'll need to add the external cause code for how the burn happened to complete your list of diagnoses.

This is a new step in home care coding. Under ICD-9, most external cause codes or E codes aren't mandatory, Selman-Holman says. But you do need to list an E code when you're coding for a poisoning caused by a drug or chemical or an adverse effect of a drug taken correctly, she says. Under ICD-10, you'll list external cause codes for all injuries.

So to complete your coding for this scenario, you would also need to list X11.0xxD (Contact with hot bath water, subsequent encounter).

To find the right external cause code for this patient, you'll look in the Index to External Causes of Injuries in your ICD-10 coding manual. Look under "contact," "hot," "tap-water," "in bathtub" to find your code (X11.0). Then turn to the tabular list to see if you have a match and if there are any other requirements for the code.

In this case, you'll see that you need to report seven characters, but the listed code is only four characters long. In situations like this you'll report "x" as the 5th and 6th characters. In ICD-10, dashes are used to "hold" a character space when you should list a specific character, but you are discussing the code category in general. The "x" character, on the other hand, fills in a space when the code set has no specific characters in certain positions in the code, but the code requires a seventh character.

#### Watch for Corrosion Changes

Under ICD-9, a burn is a burn. But ICD-10 offers more detail by giving you the choice of reporting a burn as a "corrosion," or chemical burn.

Suppose your patient has a second degree burn of the right thigh involving 11 percent of his total body surface area with no third degree burns after accidentally spilling a strong acid. With ICD-9 you would report 945.26 (Blisters with epidermal loss due to burn [second degree] of thigh [any part]). But for ICD-10, you'll use a different code □ T24.611D (Corrosion of second degree of right thigh ... subsequent encounter).

In ICD-9, you'd also report 948.10 (Burn [any degree] involving 10-19 percent of body surface with third degree burn of less than 10 percent or unspecified amount).

But for ICD-10, you'd list corrosion-specific TBSA code □ T32.10 (Corrosions involving 10-19% of body surface with 0% to 9% third degree corrosion).