

Home Health ICD-9/ICD-10 Alert

Reader Question: List 5 Digits with 948.xx Burn Codes

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?

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Answer: The first code you'll list for a patient with a burn will come from the 940.x-947.x (Burns) series and describes the location of the burn.

For example, if your patient has a first-degree burn on her third, fourth and fifth knuckles, you would list 944.13 (Burn of wrist[s] and hand[s]; erythema [first degree]; two or more digits, not including thumb). In this case, there is no need to code a 948 code, and in fact, you should be considering what skilled care will be provided for a first degree burn. First degree burns do not ordinarily require the skills of a nurse.

The second diagnosis code you'll consider comes from the 948.xx (Burns classified according to extent of body surface involved) series and describes the total body surface area (TBSA) and severity of the burn.

According to the official guidelines "It is ... advisable to use category 948 as an additional code for reporting purposes when there is mention of a third-degree burn involving 20 percent or more of the body surface." So you'll need to list an additional code when this is the case for your patient.

Remember: You'll need to report five digits for all 948.xx codes. 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 your 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.