

# Department of Defense Coding Guidance for Traumatic Brain Injury Fact Sheet

**IMPORTANT NOTE:** This guidance is being submitted to the Unified Biostatical Utility for inclusion in the Coding Guidebook. This Fact Sheet will be updated as needed.

**CODING INITIAL ENCOUNTER FOR TBI:** The initial visit is coded using an 8XX series codes as the primary code followed by the appropriate TBI V code, any symptom codes and the appropriate deployment status code. An injury code for TBI from the 8XX series is used only once and is used for the initial encounter. An initial encounter does not refer to the first time the patient is seen by each clinician for that particular TBI. Rather, an initial encounter is defined as the first time the patient is seen by any medical professional for the TBI, regardless of when the injury took place even if it occurred several weeks, months or years prior to the encounter. Clinical documentation must clearly indicate that the encounter coded is the initial encounter for that particular injury.

TBI may be associated with skull fracture (800-801 or 803-804) or without skull fracture (850-854). A fourth digit is required that further describes the 8XX series codes. A fifth digit is required to describe the level of consciousness associated with the TBI. In order to ensure the most accurate and appropriate level of coding, documentation must clearly state if there was a loss of consciousness (LOC) due to the injury and, if so, the duration of LOC. If documentation does not clearly define the duration of LOC, then unspecified state of consciousness must be coded.

**CODING SUBSEQUENT ENCOUNTERS FOR TBI CARE:** Subsequent visits for the injury are coded using symptom codes that best represent the patient's presenting complaint (i.e. headache, insomnia, vertigo) as the primary code. The primary code is then followed by the appropriate personal history of TBI V code (V15.52\_X), the appropriate late effect code (905.0 or 907.0) and the appropriate deployment status code.

**PERSONAL HISTORY OF INJURY CODE:** V15.52\_X codes (personal history of TBI) are used to assist the Department of Defense in tracking TBI occurrences. Therefore, the appropriate V15.52\_X code should be utilized at all encounters associated with the TBI.

**LATE EFFECT CODE**: A late effect code is used for all TBI follow-up visits. There are two late effect codes: 905.0 (late effect of intracranial injury with skull or facial fracture) and 907.0 (late effect of intracranial injury without skull or facial fracture).

**DEPLOYMENT STATUS CODE:** Visits are coded according to the patient's deployment status, if applicable: V70.5\_6 (post-deployment encounter) or V70.5\_5 (during deployment encounter).

**TBI SCREENING CODE**: Code V80.01 should be used if TBI screening occurs at a visit. Reminder: A TBI diagnosis code should not be entered for a positive screen since a positive TBI screen does not indicate a TBI diagnosis. A TBI diagnosis code can only be entered for the encounter at which the diagnosis is made.

**INPATIENT/OUTPATIENT REHABILITATION**: The first code entered for patients who are receiving inpatient or outpatient rehabilitation following TBI is taken from the V57.XX series. This code is then followed by the primary symptom code, the late effect code (905.0 or 907.0) and the appropriate personal history of TBI code (V15.52\_X). Use additional codes for other symptoms as appropriate.

**E-CODE**: An E-code may be assigned when appropriate (i.e., E979.2 (Terrorism Involving Other Explosions/Fragments)). Please refer to your Health Information Management Coding Department for further guidance on E-codes.

**EXAMPLE**: Service member (SM) seen for the first time at a military treatment facility for complaints of memory problems several weeks after returning home from deployment. The patient reports that he was part of a convoy that was hit by an improvised explosive device (IED) blast and while he didn't sustain any physical injuries, he reports that he was unconscious for approximately three minutes. The SM reports that he has never sought treatment for his complaint of difficulty remembering things which are now causing significant difficulty at work. The practitioner ensures documentation that this visit was an initial encounter for TBI as the patient was never seen by medical for the incident he described. The practitioner codes this initial encounter as:

850.11: Concussion with LOC of 30 minutes or less

V15.52 2: Injury related to Global War on Terrorism, Mild

780.93: Memory Loss, NOS

V70.5 6: Post-deployment encounter

V80.01: TBI Screening

Reference: Military Health System Coding Guidance: Professional Services and Specialty Coding Guidelines, Version 1.0, Unified Biostatistical Utility, 2005 Appendix G: Special Guidance on Traumatic Brain Injury Coding, 2009

800-804 & 850-854 Series Codes			
Series	Description		
Code			
800	Fractures of vault of skull - require a fourth and fifth digit		
801	Fractures of base of skull - require a fourth and fifth digit		
802	Fracture of face bones - require a fourth and fifth digit		
803	Other and unqualified skull fractures - require a fourth and fifth digit		
804	Multiple fractures involving skull or face with other bones - require a fourth and fifth digit		
850	Concussion - require a fourth and fifth digit		
851	Cerebral laceration and contusion - require a fourth and fifth digit		
852	Subarachnoid, subdural, and extradural hemorrhage, following injury - require a fourth and fifth digit		
853	Other and unspecified intracranial hemorrhages following injury - require a fourth and fifth digit		
854	Intracranial injuries of other and unspecified nature - require a fourth and fifth digit		

V-Code (must be used	Injury Related to Global War on Terrorism	Level of Severity				
with <u>all</u> TBI encounters)		Unknown	Mild	Moderate	Severe	Penetrating
V15.52_0	Personal history	of traumatic brain	of traumatic brain injury NOT otherwise specified			
V15.52_1	Yes	X				
V15.52_2	Yes		X			
V15.52_3	Yes			X		
V15.52_4	Yes				X	
V15.52_5	Yes					X
V15.52_6	No	X				
V15.52_7	No		X			
V15.52_8	No			X		
V15.52_9	No				X	
V15.52_A	No					X
V15.52_B	Unknown	X				
V15.52_C	Unknown		X			
V15.52_D	Unknown			X		
V15.52_E	Unknown				X	
V15.52_F	Unknown					X

Late Effect Code (must be used with <u>all</u> follow-up TBI encounters)			
905.0	Late effect of intracranial injury with skull or facial fracture		
907.0	Late effect of intracranial injury without skull or facial fracture		

Common Symptoms Associated with TBI				
Code	Code Description			
Hearing				
389.9	Hearing Loss, Unspecified			
388.42	Hyperacusis			
388.3	Tinnitus			
	Neurologic			
780.4	Dizziness, Lightheadedness			
784.0	Headache			
780.93	Memory Loss, NOS			
438.85	Vertigo			
	Psychiatric			
308.9	Acute Stress Reaction, Unspecified			
300	Anxiety /Irritability			
311	Depression			
	Sleep			
780.5	Sleep disturbance			
780.52	<b>780.52</b> Insomnia			
Vision				
368.8	Blurred Vision, NOS			
368.13	368.13 Photophobia			
	Other/General			
780.7	Malaise and Fatigue			
787.02	Nausea			

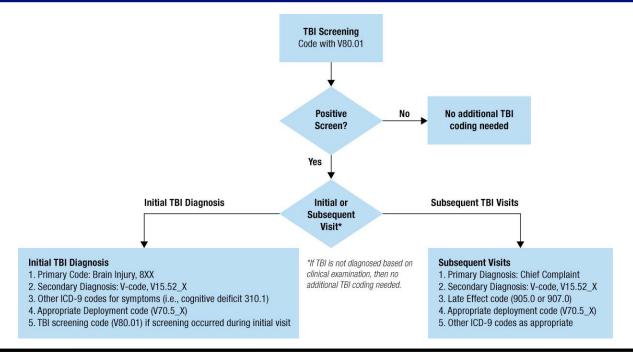
Emotional/ Behavioral Symptom Codes			
Series	Description		
Code			
799.21	Nervousness		
799.22	Irritability		
799.23	Impulsiveness		
799.24	Emotional Lability		
799.25	Demoralization and Apathy		
799.29	Other Signs and Symptoms Involving Emotional State		

E&M Coding for TBI Care			
Series	Description		
Code			
99203	New Outpatient-level 3		
99204	New Outpatient-level 4		
99213	Established Outpatient-level 3		
99214	Established Outpatient-level 4		
Procedure Code for TBI Care			
96116	Neurobehavioral status exam		

TBI Screening Code			
V80.01	Special Screening for TBI		

# **DoD ICD-9 CM CODING GUIDANCE FOR TRAUMATIC BRAIN INJURY**





#### **DoD Definition of TBI**

A traumatically induced structural injury and/or physiological disruption of brain function as a result of external force that is indicated by new onset or worsening of at least one of the following clinical signs, immediately following the event:

- · Any period of loss of or a decreased level of consciousness;
- Any loss of memory for events immediately before or after the injury;
- Any alteration in mental state at the time of the injury (confusion, disorientation, slowed thinking, etc.);
- Neurological deficits (weakness, loss of balance, change in vision, praxis, paresis/plegia, sensory loss, aphasia, etc.) that may or may not be transient;
- · Intracranial lesion.

External forces may include any of the following events: the head being struck by an object, the head striking an object, the brain undergoing an acceleration/deceleration movement without direct external trauma to the head, a foreign body penetrating the brain, forces generated from events such as blast or explosion, or other force yet to be defined. (Department of Defense, 2007)

#### **Look Before You Code**

Prior to using a TBI ICD-9 code, the provider should ensure that the patient does not have an existing TBI diagnosis code for the current injury. Previous TBI diagnoses are recorded in the problem list. In the event the patient does not have a previously coded TBI for the present injury, an appropriate provider should enter the correct 800 series ICD-9 code and the correct V15.52\_X code during the visit. This coding should occur even if the patient denies TBI-related symptoms.

#### Personal History of TBI Codes & Late Effect Codes

Providers must always utilize the appropriate personal history V15.52\_X code with any diagnosed TBI encounter, initial or follow-up. This is crucial for TBI surveillance purposes. In addition, all follow-up TBI encounters must be coded with one of two late effect codes: 905.0 (late effect of intracranial injury with skull or facial fracture) or 907.0 (late effect of intracranial injury without skull or facial fracture).

#### Severity of TBI

The level of injury is based on the status of the patient at the time of injury based on observable signs. Severity of injury does not predict functional or rehabilitative outcome of the patient.

Mild	Moderate	Severe	
Normal structural imaging	Normal or abnormal structural imaging	Normal or abnormal structural imaging	
LOC = 0-30 min	LOC >30 min and < 24 hours	LOC > 24 hrs	
AOC = a moment up to 24 hrs	AOC >24 hours. Seveity based on other criteria		
PTA = 0-1 day	PTA >1 and <7 days	PTA > 7 days	

AOC - Alteration of consciousness/mental state

LOC - Loss of consciousness

PTA - Post-traumatic amnesia

## **Procedure Coding for TBI Care**

The CPT code 96116 is used if the Psychomotor Neurobehavioral Status Exam is completed. This code includes the time for testing, interpreting and preparing the report. While many clinicians may be able to complete this within minutes during a quick office screen, coding is completed in one hour units. Anything less than one hour is claimed as 1 unit. Documentation must include clinically indicated portions of an assessment of thinking, reasoning and judgment (e.g., attention, acquired knowledge, language, memory and problem solving). The areas most often affected by TBI include attention, memory and problem solving so these areas should be screened if there are cognitive complaints. Other areas may be assessed as clinically indicated. This procedure may be completed in follow-up visits as long as the documentation is supportive (history and documented screening examination).

### **Emotional/Behavioral Symptom Codes**

The 799-series codes allow providers to code emotional/behavioral symptoms without using mental health diagnosis codes. These codes do not replace mental health diagnosis codes. Providers should use these codes when they observe the symptoms but a mental health diagnosis is not established. While these codes are intended to be used for TBI symptoms, they are not limited to TBI.