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 Code	**Description**
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 with all TBI encounters)	Injury Related to Global War on Terrorism	Level of Severity				
		Unknown	Mild	Moderate	Severe	Penetrating
V15.52_0	Personal history 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 all 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**

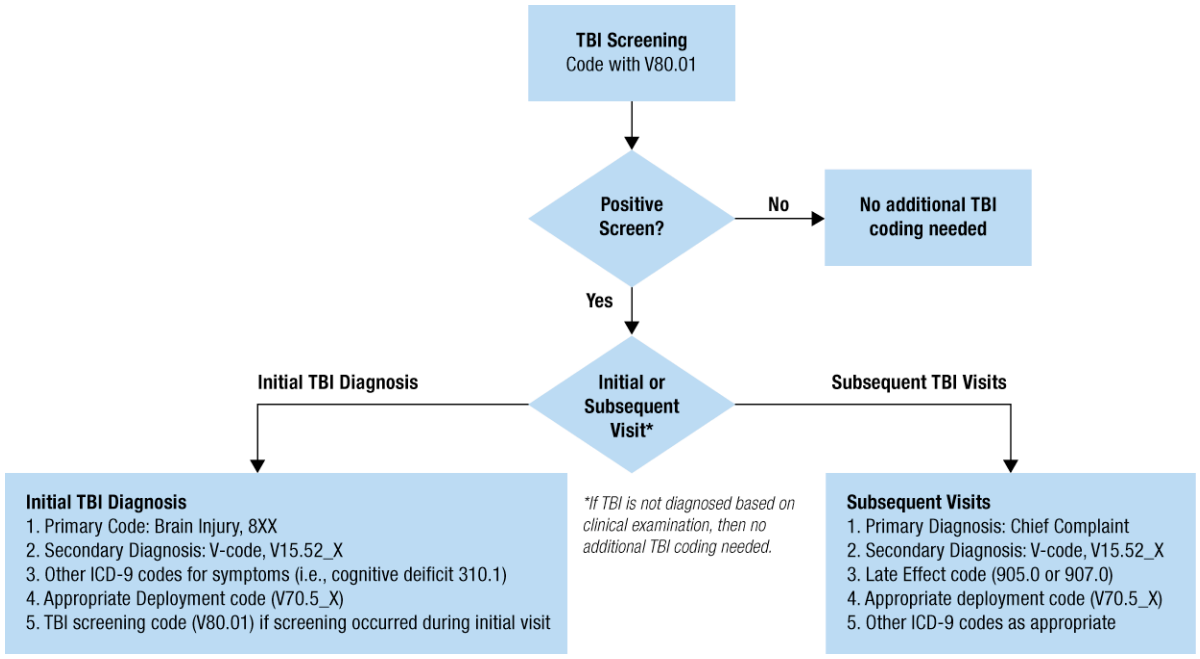
Common Symptoms Associated with TBI	
Code	**Description**
Hearing	
389.9	Hearing Loss, Unspecified
388.42	Hyperacusis
388.3	Tinnitus
Neurologic	
780.4	Dizziness, Lightheadedness
784.0	Headache
780.93	Memory Loss, NOS
438.85	Vertigo
Psychiatric	
308.9	Acute Stress Reaction, Unspecified
300	Anxiety /Irritability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

Emotional/ Behavioral Symptom Codes	
Series Code	**Description**
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 Code	**Description**
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)

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

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).

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.