Fact Sheet
Coding Guidance for Traumatic Brain Injury (TBI)

IMPORTANT NOTE: This Fact Sheet denotes use of ICD-10 codes effective 10/1/2015. ALL PREVIOUS VERSIONS OF THIS FACT SHEET ARE RESCINDED.

BACKGROUND: The Veterans Health Administration (VHA) has a need, to the best of its ability, to uniquely identify and report on Traumatic Brain Injury (TBI), its conditions, syndrome, and symptoms resulting from such injuries. VHA in conjunction with Department of Defense (DOD) have championed the development of TBI codes to more accurately capture and reflect TBI and its effects.

CODING THE INITIAL ENCOUNTER: The ICD-10–CM codes will now provide the specificity of initial, subsequent, and/or sequela to describe the injury; however the seventh character of A will be used to identify the first time the patient is seen for the injury, regardless of when the injury took place. If an injury occurred in the past several months or even years prior but the patient has never sought treatment for the injury previously, the first time the patient is SEEN for the injury is considered the initial treatment.

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, and for additional encounters where the patient is receiving “active treatment” as defined in the ICD-10-CM Official Guidelines for Coding and Reporting. Clinical documentation must clearly indicate that the encounter coded is the initial encounter for that particular injury.

For ICD-10-CM the appropriate 7th character will be added to the code to indicate the type of encounter:
- A initial encounter will be used while the patient is receiving active treatment for the condition
- D subsequent encounter will be used for encounters after the patient has received active treatment of the condition and receiving routine care for the condition during the healing or recovery phase
- S sequela will be used for complications that arise as a direct result of the condition

Initial Encounter: Veteran is seen for the first time at a VA facility for memory problems, as well as any additional encounters where the patient is receiving “active treatment”. During the history the practitioner determines, on the basis of Veteran’s self-report, that there was brief loss of consciousness less than 30 minutes due to an Improvised Explosive Device (IED) blast. There is no evidence in the record of skull fracture. The Veteran reports that he has never sought treatment for the condition which is now causing significant problems at work. The practitioner selects the codes TBI Not Otherwise Specified (NOS) with loss of consciousness of 30 minutes or less, initial encounter (S06.9X1A) and the codes for memory loss NOS.
(R41.3), and war operations involving explosion of improvised explosive device (IED), military personnel (Y36.230A).

ICD-10 now codes based on loss of consciousness (LOC) time after the injury. In order to ensure the most accurate and appropriate level of coding, documentation must clearly state if there was an LOC due to the injury and the duration of the LOC. If documentation does not clearly define the LOC then unspecified state of consciousness must be coded. Please refer to your Health Information Management Coding Department for further guidance.

**FOLLOW UP CARE (Subsequent/Sequela Encounter):** Subsequent encounter designation will be used for encounters after the patient has received active treatment of the condition and is receiving routine care for the condition during the healing or recovery phase, and sequela (late effect) designation will be used for complications that arise as a direct result of the condition. For follow up visits for late effects directly related to a previous TBI, the symptom code(s) that best represents the patient’s chief complaint or symptom(s) (e.g., headache, insomnia, vertigo) are coded, followed by the appropriate late effect code or sequela code. This will be the initial TBI injury code with the seventh character of S for sequela. Late effects include any symptom or sequelae of the injury specified as such, which may occur at any time after the onset of the injury. The External Causes of Morbidity (V01-Y99) code will also need to be added with a seventh character of S.

The pairing of the symptom code and the late effect code is the ONLY WAY that symptoms can be causally and uniquely associated with TBI and is essential to the accurate classification of TBI.

**REHABILITATION:** For TBI patients who receive inpatient or outpatient rehabilitation, the first-entered diagnosis is the purpose of the appropriate condition for which the rehabilitation service is being performed (e.g. neurological deficits, hemiparesis, etc.) and then the appropriate TBI code with the seventh character of D for subsequent encounter or S for sequela (S06.2, S06.3, or S06.9). The External Causes of Morbidity (V01-Y99) code will also need to be added with a seventh character of S.

**USE of Z87.820 CODE:** Z87.820 Personal history of traumatic brain injury was developed to indicate that previous TBI occurred and may impact current care. The Z87.820 code is not used in conjunction with the late effect codes; rather the Z code is used when no other code is available to reflect a previous TBI. Normally, the Z87.820 code is used to identify a personal history of injury with or without a confirmed diagnosis. A history of an illness, even if no longer present, is important information that may alter the type of treatment ordered.

**TBI SCREENING:** Code Z13.850 should be used if TBI screening occurs at a visit, whether or not the screening is positive. 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.
Examples of ICD-10-CM Codes Typically Associated with TBI

### Acute Injuries

<table>
<thead>
<tr>
<th>Series Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S02.0xx</td>
<td>Fractures of vault of skull – requires a seventh character for type of encounter and healing</td>
</tr>
<tr>
<td>S02.1</td>
<td>Fractures of base of skull – requires two digits and a seventh character</td>
</tr>
<tr>
<td>S06.0</td>
<td>Concussion- requires two digits and a seventh character</td>
</tr>
<tr>
<td>S06.1</td>
<td>Traumatic Cerebral Edema-- requires two digits and a seventh character</td>
</tr>
<tr>
<td>S06.2</td>
<td>Diffuse Traumatic Brain Injury- requires two digits and a seventh character</td>
</tr>
<tr>
<td>S06.30</td>
<td>Focal Traumatic Brain Injury- requires an additional digit and a seventh character</td>
</tr>
<tr>
<td>S06.31</td>
<td>Contusion and Laceration of Right Cerebrum- requires an additional digit and a seventh character</td>
</tr>
<tr>
<td>S06.32</td>
<td>Contusion and Laceration of Left Cerebrum- requires an additional digit and a seventh character</td>
</tr>
<tr>
<td>S06.33</td>
<td>Contusion and Laceration of Cerebrum unspecified-requires an additional digit and a seventh character</td>
</tr>
<tr>
<td>S09.x</td>
<td>Unspecified Intracranial Injury (TBI NOS)- requires an additional digit and a seventh character</td>
</tr>
</tbody>
</table>

### Late Effect Codes or Sequela

<table>
<thead>
<tr>
<th>Series Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S06.2</td>
<td>Diffuse Traumatic Brain Injury- requires two digits and a seventh character of $S$</td>
</tr>
<tr>
<td>S06.30</td>
<td>Focal Traumatic Brain Injury- requires an additional digit and a seventh character of $S$</td>
</tr>
<tr>
<td>S09.x</td>
<td>Unspecified Intracranial Injury (TBI NOS)- requires an additional digit and a seventh character of $S$</td>
</tr>
</tbody>
</table>

### Symptoms Involving Emotional State

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Symptom</th>
</tr>
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<tbody>
<tr>
<td>R45.0</td>
<td>Nervousness</td>
</tr>
<tr>
<td>R45.4</td>
<td>Irritability and Anger</td>
</tr>
<tr>
<td>R45.87</td>
<td>Impulsiveness</td>
</tr>
<tr>
<td>R45.86</td>
<td>Emotional lability</td>
</tr>
<tr>
<td>R45.3</td>
<td>Demoralization and apathy</td>
</tr>
<tr>
<td>R45.89</td>
<td>Other signs and symptoms involving emotional state</td>
</tr>
</tbody>
</table>

### Symptoms Involving Cognitive Function and Awareness

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>R41.840</td>
<td>Attention and concentration deficit</td>
</tr>
<tr>
<td>R41.841</td>
<td>Cognitive communication deficit</td>
</tr>
<tr>
<td>R41.842</td>
<td>Visuospatial deficit</td>
</tr>
<tr>
<td>R41.843</td>
<td>Psychomotor deficit</td>
</tr>
<tr>
<td>R41.844</td>
<td>Frontal lobe and executive function deficit</td>
</tr>
<tr>
<td>R41.89</td>
<td>Other signs and symptoms involving cognitive functions and awareness</td>
</tr>
</tbody>
</table>

**Note:** Memory deficits will be coded as R41.3.
### Physical effects of TBI

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>G44.301</td>
<td>Post Traumatic Headache, Unspecified Intractable</td>
</tr>
<tr>
<td>G44.309</td>
<td>Post Traumatic Headache, Unspecified Not Intractable</td>
</tr>
<tr>
<td>G44.321</td>
<td>Chronic Post Traumatic Headache, Unspecified Intractable</td>
</tr>
<tr>
<td>G44.329</td>
<td>Chronic Post Traumatic Headache, Unspecified Not Intractable</td>
</tr>
<tr>
<td>R42.</td>
<td>Dizziness</td>
</tr>
<tr>
<td>R43.0</td>
<td>Loss of Smell (anosmia)</td>
</tr>
<tr>
<td>R43.8</td>
<td>Other Disturbance of Smell and Taste</td>
</tr>
<tr>
<td>R47.82</td>
<td>Fluency Disorder Conditions Classified Elsewhere</td>
</tr>
<tr>
<td>R47.81</td>
<td>Slurred Speech</td>
</tr>
<tr>
<td>R56.1</td>
<td>Post Traumatic Seizures</td>
</tr>
</tbody>
</table>
**VA ICD-10 CM CODING GUIDANCE For TRAUMATIC BRAIN INJURY (TBI)**

**INITIAL TBI DIAGNOSIS**

<table>
<thead>
<tr>
<th>Initial TBI Diagnosis</th>
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<tbody>
<tr>
<td>1. Primary Code: Brain Injury, S02.0xx, S02.x, S06.0-S06.3, or S09.x Category</td>
</tr>
<tr>
<td>2. Other ICD-10 codes for symptoms (e.g., memory deficit R41.3)</td>
</tr>
</tbody>
</table>

**Diagnoses of TBI**

- **YES**
  - Initial or Subsequent and/or Sequela

- **NO**
  - Screening for TBI ICD-10 codes (Z13.850)

**SUBSEQUENT and/or Sequela TBI VISITS**

**ASSOCIATING SYMPTOMS TO TBI**

1. Primary Diagnosis: Chief Complaint
2. Secondary Diagnosis: TBI code with 7th Character of $ OR
3. Other pertinent ICD-10 codes as appropriate OR

**REHABILITATION**

1. Primary Diagnosis: DX code for rehab OR
2. Secondary Diagnosis: TBI code with 7th Character of $ OR

**RELEVANT HISTORY OF TBI (NO CURRENT SYMPTOMS)**

1. Pertinent ICD-10 codes as appropriate
2. Z87.820

**Severity of TBI**

The below diagnostic criteria does not predict functional or rehabilitative outcome of the patient. The level of injury is based on the status of the patient at the time of injury, based on observable signs such as level of consciousness, post-traumatic amnesia and coma scaling.

<table>
<thead>
<tr>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal structural imaging</td>
<td>Normal or abnormal structural imaging</td>
<td>Normal or abnormal structural imaging</td>
</tr>
<tr>
<td>LOC = 0-30 min</td>
<td>LOC &gt;30 min and &lt; 24 hours</td>
<td>LOC &gt; 24 hrs.</td>
</tr>
<tr>
<td>AOC = a moment up to 24 hrs.</td>
<td>AOC &gt;24 hours. Severity based on other criteria</td>
<td></td>
</tr>
<tr>
<td>PTA = 0-1 day</td>
<td>PTA &gt;1 and &lt;7 days</td>
<td>PTA &gt; 7 days</td>
</tr>
<tr>
<td>GCS=13-15</td>
<td>GCS=9-12</td>
<td>GCS &lt;9</td>
</tr>
</tbody>
</table>

**Additional Procedure Coding for TBI Care**

If the psychomotor Neurobehavioral Status Exam is completed, the provider should also utilize the CPT code 96116. This code includes the time for testing, interpreting, and a written report must be prepared. Coding is completed in 1-hr units but anything less than an 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).