



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

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

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

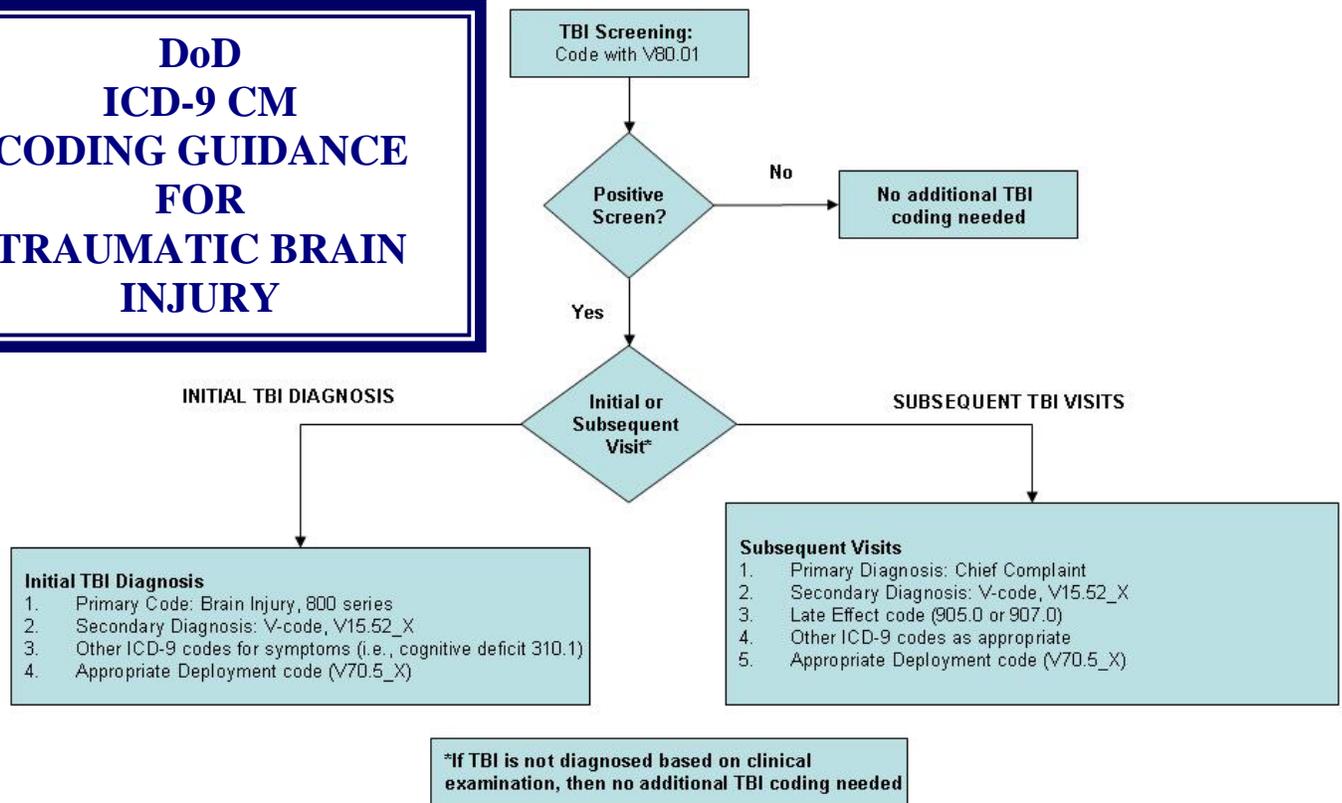
Emotional/ Behavioral Symptom Codes	
Series Code	Description
799.21	Nervousness
799.22	Irritability
799.23	Impulsiveness
799.24	Emotional Lability
799.25	Demoralization and Apathy
799.29	Other Signs and Symptoms Involving Emotional State

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. Severity 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.