Petition for Special Need Adjustment for Burn Intensive Care Services in the Western North Carolina Region (HSA I)

I. PETITIONER

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II. STATEMENT OF REQUESTED ADJUSTMENT

MH Mission Hospital, LLLP ("Mission" or "Mission Hospital") respectfully petitions the State Health Coordinating Council ("SHCC") to create an adjusted need determination for eight new burn intensive care unit ("Burn ICU") beds in the Western region of North Carolina (HSA I) in the *2021 State Medical Facilities Plan* ("2021 SMFP").[1]

III. BACKGROUND AND EXECUTIVE SUMMARY

Mission Hospital is an acute care hospital located in Buncombe County in Western North Carolina. The hospital is licensed for 815 beds (733 acute care beds and 82 psychiatric beds) and is the region's only Level II trauma center and children's hospital, providing approximately 30 pediatric subspecialists. Mission has been dedicated to serving Western North Carolina and surrounding communities for well over 100 years. In 2019, Mission Hospital affiliated with HCA Healthcare ("HCA"), one of the nation's leading providers of healthcare services. HCA is currently comprised of 185 hospitals and approximately 2,000 sites of care, including surgery centers, freestanding

[1] The State publishes the need for burn care services on a statewide basis. Mission Hospital has noted the HSA that comprise Western North Carolina for reference purposes.

ERs, urgent care centers, and physician clinics, in 21 states and the United Kingdom.

With its HCA affiliation, Mission has expanded resources available to address its mission to improve the health of the people of Western North Carolina and the surrounding region; above all else, Mission is committed to the care and improvement of human life. These expanded resources and expertise have allowed Mission to identify the need for and to develop new service offerings such as this requested need adjustment. More specifically, following its recent strategic planning efforts and discussions with HCA leaders, Mission became aware that numerous burn-injured patients who reside in Western North Carolina and the surrounding region routinely leave the area to seek burn treatment at HCA-affiliate Doctors Hospital of Augusta ("DHA") in Augusta, Georgia, over 180 miles away. This is true despite the fact that there are two existing burn care service providers in the state of North Carolina—UNC Hospitals ("UNC") in Orange County and Wake Forest North Carolina Baptist Hospital ("Baptist") in Forsyth County.

DHA operates Joseph M. Still Burn Center, a 70-bed regional, comprehensive burn center that includes 20 ICU beds and serves more than 3,000 patients, annually. The Joseph M. Still Burn Center is nationally recognized as a leader in burn research and treatment. As a designated burn center in the Georgia Trauma Network, the burn center cares for the most traumatically-injured patients in Georgia and a large, multi-state region.

While patient choice is likely a factor, the significant number of patients residing in Western North Carolina who are traveling to DHA for burn care can likely also be attributed to the fact that the two, existing burn care service providers in the state are both located in central North Carolina, leaving the coastal and Western regions of the state with inadequate geographic access to burn care. In fact, despite DHA being several hours away from most Western North Carolina residents, DHA may be closer than existing North Carolina burn care services. These patients would be better served closer to home, especially considering the extensive follow-up and familial support necessary for an effective burn treatment plan.

Burn patients are unique, representing the most severe model of trauma. This uniqueness necessitates a provider that can offer a full, comprehensive, and integrated continuum of care from the initial trauma response through subsequent inpatient admissions and follow-up outpatient services. As the region's only Level II trauma provider and a comprehensive provider of tertiary and quaternary care, Mission has the necessary resources and programs to not only provide high-quality burn care services but to also improve access to Western North Carolina residents, who currently travel hours for burn treatment, associated support services, and follow-up care. The only service line necessary for providing burn treatment that Mission does not offer and that is regulated by CON is Burn ICU beds; hence, the necessity for this petition. The approval of ICU beds dedicated to burn care is the piece of the puzzle needed for Mission to develop a comprehensive burn program.

The intent of this request is not to adversely impact existing burn care service providers. Rather, Mission intends to work collaboratively with existing burn care service providers in the state to ensure that *all* North Carolina residents have access to comprehensive burn care within a reasonable geographic distance.

Mission recognizes that the SHCC has spent many hours reviewing the need for burn care services. The need identified in this petition is unique and driven by the outmigration of Western North Carolina residents to other states in order to access burn treatment. This outmigration is not captured in the current methodology for Burn ICU beds. As such, Mission believes a special need adjustment is in the best interest of North Carolina residents and is the most appropriate method to address this need.

IV. REASON FOR THE PROPOSED ADJUSTMENT

The request for the proposed need adjustment to include 8 Burn ICU beds in the *2021 State Medical Facilities Plan* is based on the following factors, which will be detailed below:

- The lack of access to burn care services outside of central North Carolina.
- The significant number of burn patients leaving the state for care.
- The mountainous terrain and rural communities throughout Western North Carolina that complicate travel conditions and/or travel time to existing providers.
- The necessity to transport some burn patients by helicopter and the associated clinical and patient care concerns.
- The burden placed on burn patients residing in Western North Carolina and their families of traveling multiple times to distant providers throughout the burn treatment care process.
- The SMFP Need Methodology reliance on only existing provider utilization that does not consider the outmigration of patients to providers outside of the State.
- The existing demand that supports the proposed addition of 8 Burn ICU beds in Western North Carolina.
- Mission's preparedness to care for burn-injured patients due to its trauma physicians who have burn treatment experience and its status as the region's only Level II Trauma provider and provider of tertiary and quaternary services.
- The opportunity to provide burn care experience to the Mountain Area Health Education Consortium's ("MAHEC") clinical training programs.

A. Geographic Access to Burn Care Services

As the region's only Level II trauma provider, Mission serves a broad 18-county service area, ensuring all residents of Western North Carolina and surrounding portions of Upstate South

Carolina, north Georgia, eastern Tennessee, eastern Kentucky, and southwest Virginia have access to healthcare. Mission has served the region for decades and is very familiar with the needs of patients in Western North Carolina. In addition to its flagship hospital, Mission Hospital, Mission Health System also has a vast network of smaller hospitals, serving more rural parts of Western North Carolina. While each of these hospitals are right sized to adequately serve their rural communities, none offer the full range of services needed to support a comprehensive burn program. These hospitals are supported by Mission Hospital, which is the only hospital in the area that has necessary programs and resources to support a comprehensive burn program. As such, Mission plays a vital role as an access point for rural patients. Further, Mission employs several trauma surgeons with burn treatment experience who already treat minor burn injuries at Mission. The only thing preventing Mission from meeting the need for better access to comprehensive burn care for Western North Carolina residents is the lack of CON-regulated Burn ICU beds. In a letter of support written by the Division Chief Medical Director of Mission Health, Dr. William Hathaway, MD, FACC, writes that:

> *By nature of the fact that we are the tertiary and quaternary provider for Western North Carolina, it is not uncommon for us to care for intensive burn patients, at least temporarily, when they present to our Emergency Department. The absence of a dedicated Burn Unit limits the care that they can receive.*
>
> - Dr. William Hathaway, MD, FACC
> Division Chief Medical Director
> Mission Health

See **Attachment A** for a copy of all physician letters of support.

Rather than traveling several hours and hundreds of miles to the nearest provider of burn services across the state or across state lines, burn patients can best be served closer to home and within a network with which they are already familiar.

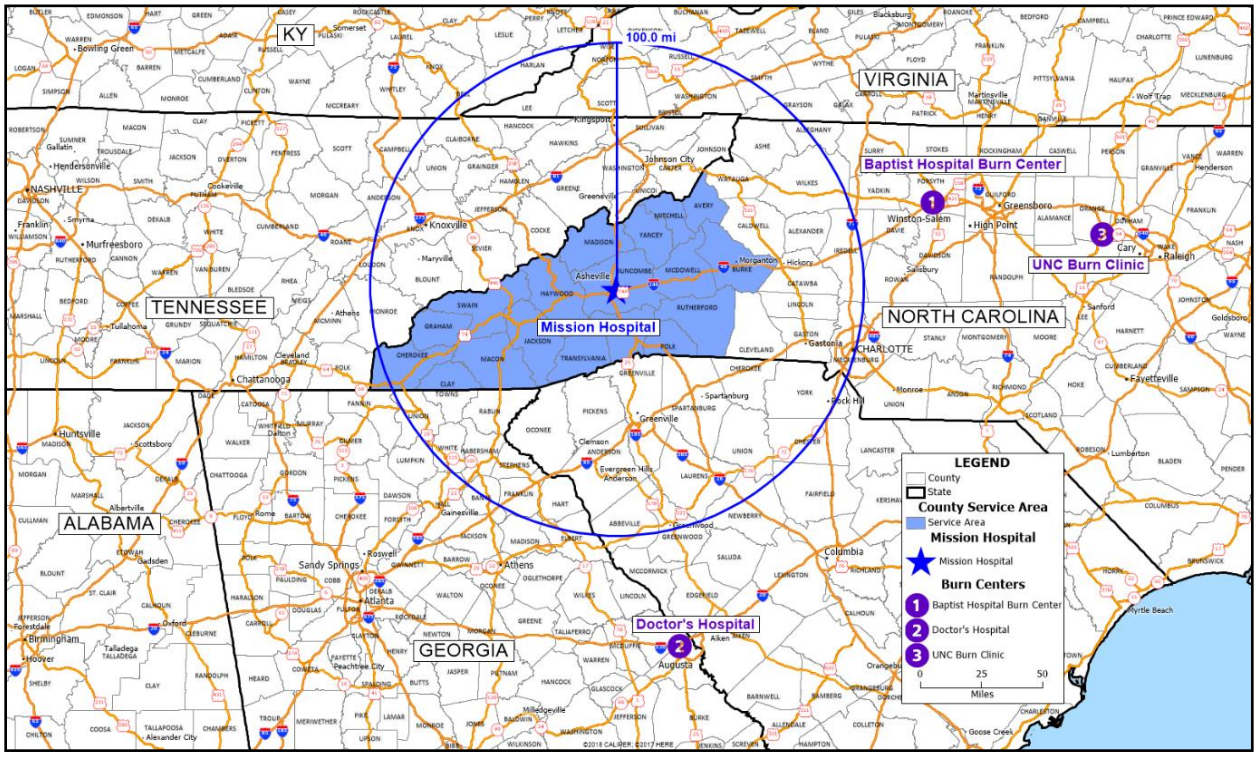
<u>Western North Carolina's Unique Needs</u>

Western North Carolina is a unique area with large, extremely mountainous, and rural areas as well as pockets of populous areas in larger cities, such as Asheville, and smaller towns. As such, it can be very difficult for residents in the more rural areas to access services that are not available locally. This can be extremely burdensome, especially when a resident needs immediate access to emergent care or complex tertiary services as well as ongoing follow-up care for something like a major burn injury. Right now, patients must travel several hours out of their communities to receive this care.

Patients are Currently Traveling Far Distances for Care

As previously mentioned, there are two existing burn centers in North Carolina: UNC and Baptist. Patients also travel outside of the state to the next closest burn center in Georgia, which is DHA. **Exhibit 1**, below, shows a map of Western North Carolina and the surrounding areas of Upstate South Carolina, northeast Georgia, eastern Tennessee, eastern Kentucky, and southwest Virginia in relation to these providers.

Exhibit 1
Map of Existing Comprehensive Burn Care Programs



As shown by the blue 100-mile radius ring in the map above, there is not a single burn center remotely close to Mission Hospital's service area, which comprises an 18-county region in Western North Carolina. The surrounding region of neighboring states also does not have reasonable access to comprehensive burn care. It is clear the existing North Carolina providers are well-positioned to serve the middle of the state but not Western North Carolina. This leaves the western and coastal regions of North Carolina underserved and requires these patients and their families to travel significant distances for initial burn treatment and all follow-up services they may require.

Specifically, **Exhibit 2**, below, quantifies the number of inpatient admissions for burn injury from Western North Carolina and the surrounding four-state region. Over the past three years, roughly 100 patients have traveled more than 100 miles for burn care services from the Western North

Carolina region.[2] In addition, over 450 burn-injured patients from the surrounding four-state region are also traveling significant distances for inpatient care.[3]

Exhibit 2
Western North Carolina and Regional Patient Admissions
For Burn Injury, FY 2017-2019

Total Burn Diagnosis Inpatients	**FY 2017**	**FY 2018**	**FY 2019**
Western North Carolina Burn Inpatients	110	111	102
4 State Region Burn Inpatients	471	463	474
Total Burn Inpatients	**581**	**574**	**576**

Source: Truven/IBM
Note: Burn-injured patients were identified by ICD-10 as defined in discussion with DHA. See **Attachment B** for a list of ICD-10 codes.

Exhibit 3 presents the Western North Carolina and other regional patients who are having to travel significant distances outside the area for care and limits the patient migration patterns to only comprehensive, burn care programs. A new comprehensive burn center Western North Carolina would become the most proximate provider to serve this region.

[2] Western North Carolina has been defined as an 18-county area to include Avery, Buncombe, Burke, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, and Yancey Counties.
[3] The four state region includes portions of South Carolina, Tennessee, Kentucky and Virginia including the following counties: Anderson TN, Bell KY, Blount TN, Bristol VA, Campbell TN, Cherokee SC, Claiborne TN, Cleveland TN, Cocke TN, Greene TN, Greenville SC, Hamblen TN, Hancock TN, Harlan KY, Hawkins TN, Jefferson TN, Knox TN, Laurel KY, Loudon TN, Magoffin KY, McCreary KY, Monroe TN, Morgan TN, Oconee SC, Perry KY, and Pickens SC. Pike County, KY Roane County, TN Russell County, VA Scott County, TN Scott County, VA Sevier County, TN Smyth County, VA Spartanburg County, SC, Sullivan County, TN, Tazewell County, VA, Washington County, TN, Washington County, VA Whitley County, KY Wise County, VA

Exhibit 3
Comprehensive Burn Center Patients

Western North Carolina	**2017**	**2018**	**2019**
Wake Forest Baptist Medical Center	29	28	19
Doctors Hospital of Augusta	18	22	27
University of North Carolina Hospitals	8	5	6
Grady Memorial Hospital	2	1	2
Vanderbilt University Medical Center	0	1	0
Total	57	57	54

4 State Region	**2017**	**2018**	**2019**
Doctors Hospital of Augusta	190	179	153
Vanderbilt University Medical Center	73	76	76
Wake Forest Baptist Medical Center	33	17	36
University of North Carolina Hospitals	3		1
Grady Memorial Hospital		1	1
Total	299	273	267

Source: Truven/IBM
Note: Burn-injured patients were identified by ICD-10 as defined in discussion with DHA. See **Attachment B** for a list of ICD-10 codes.

As shown, some burn-injured patients from Western North Carolina are going to the existing North Carolina providers, but the largest number of patients are leaving the state entirely to be admitted to DHA in Augusta, Georgia. **Exhibit 4**, below, shows just how far residents of Western North Carolina are traveling one way for comprehensive burn care services. It is important to note here that this drive time is calculated from Asheville. Patients who live further west and north, in the more rural and mountainous regions, have to travel even further. This is especially true considering the additional travel time is added due to navigating back roads and difficult terrain. At a minimum, residents of Western North Carolina have a 5-and-a-half-hour round-trip journey to the nearest comprehensive burn care provider. No matter the chosen destination for burn care, the current travel required for Western North Carolina residents is unacceptable.

Exhibit 4
Drive Times to Existing Providers from Asheville, NC

	One Way		**Round Trip**	
Provider	**Hrs/Min.**	**Miles**	**Hrs/Min.**	**Miles**
Doctors Hospital of Augusta	3 hrs 50 min	184	7 hrs 40 min.	368
UNC Hospital	4 hrs	219	8 hrs	438
North Carolina Baptist Hospital	2 hrs 40 min	143	5 hrs 20 min.	286

Source: Google Maps
Note: Drive times set for 8:00 am departure

Access issues for comprehensive burn care extend beyond just the most severe burns requiring ICU care. By collaborating with DHA, Mission has learned of numerous examples of patients traveling to DHA for services and the hardships on such patients. One such case involved a 23-month-old child from Mission's service area who was being treated for treated for a burn at DHA. The patient's blisters were decompressed, cleaned, dried, and dressed, and the patient was discharged within an hour with no required inpatient admission. However, this patient's parent then had to travel back to Augusta to bring the child for all follow-up care for an injury that could have been treated at Mission. According to American burn care guidelines, decompressing blisters requires sanitization and dressing of burn wounds, standard procedures that take no more than an hour, as illustrated in the case above. However, because the American Burn Center guidelines require burn patients like this to be treated in an officially recognized comprehensive burn center, this patient and many others in Western North Carolina cannot currently receive this care close to home. As a highly-utilized burn center that often sees patients like these examples from North Carolina, DHA is in full support of the proposed need adjustment and proposed program at Mission. DHA leadership and its physicians would rather see these patients being served close to home at Mission.

It is clear that the existing providers in the state are not easily accessible to patients residing in Mission's service area. Such extensive travel is not just a one-time event. Many of these patients and their families must make the 5+ hour trek five or more times—for the initial emergency burn service through extended recovery, to subsequent admissions for skin grafts and other services, and to receive the follow-up, outpatient care they need during the extended recovery process. As such, the region is in dire need of a provider that can alleviate the existing travel burden and better meet the needs of burn patients and their families.

B. Emergency Transport to Existing Burn Care Services Providers

As mentioned previously, Western North Carolina is very mountainous and rural. In the most difficult to reach areas, there are two options for patient transport: ambulance or helicopter. For many burn patients, time is of the essence. Once primary stabilization is achieved and other traumatic injuries have been treated or ruled out, it is important that burn-injured patients begin their treatment at a comprehensive burn center as soon as possible. Thus, some patients require helicopter transport to existing providers in order to expedite access to care. This is especially true in the mountainous Western North Carolina region, which makes transport time via ambulance much lengthier.

Mission has been providing critical care air transport through Mountain Area Medical Airlift ("MAMA") since 1986. With two helicopters available 24 hours a day from bases in Asheville and Franklin, MAMA provides air medical services to 18 Western North Carolina counties, eastern Tennessee, northeast Georgia, and Upstate South Carolina. Mission has collected data from

MAMA's runs from the past several years, including the number of patients who were not able to be transported due to unavoidable delays. In 2019, 492 patients were unable to be airlifted due to weather conditions, such as fog, which are common in mountainous Western North Carolina. This number does not capture the number of burn-injured patients who may have benefitted from helicopter transport as it does not include instances when an EMS provider or first responder does not request air transport because of known weather issues. Because these patients were not able to be transported via helicopter, their only remaining option for access to care was ambulance transport, which, considering the mountainous terrain in the region, further increased delays in access to care. While the drive to Mission Hospital is difficult for patients living in rural, mountainous Western North Carolina, the travel time is much longer to existing comprehensive burn care providers in Augusta or central North Carolina. This is especially true during inclement weather conditions.

Dr. William Shillinglaw, DO FACOS, FACS, MHA, the Medical Director of Trauma Surgery at Mission, echoes these same themes in his letter of support:

> *Western North Carolina is a region of over 11,000 mi. served by 16 acute care facilities and the VA Medical Center in Asheville. Many of these 16 hospitals are critical access designated and as such provide only limited initial assessment of the acutely burned patient and then arrange transfer great distances to the burn centers in North Carolina and Georgia. Additionally, the region has geographic and associated weather challenges as results of the mountains which sometimes limits transportation options and thus the most critical patients may not be able to get to the burn centers in North Carolina and Georgia for many hours. These hours can be critical, and a comprehensive burn center located in central Western North Carolina would probably result in a 50% reduction in the transport time even when air medical transport was not available. The acutely injured and burn patient have a very time sensitive pathology and access to such resources is more than a convenience it can be the difference between a survivor and a potentially preventable death.*
>
> - Dr. William Shillinglaw, DO FACOS, FACS, MHA
> Medical Director of Trauma Surgery
> Mission Hospital

See **Attachment A** for a copy of Dr. Shillinglaw's full letter.

Further, when there are no weather delays and burn patients are able to be transported via helicopter, they are often intubated. This is generally done as a precaution because if a patient loses stable breathing while in the air, it can be very difficult to intubate and re-stabilize. According to the experiences of several of Mission's trauma physicians, between 60 and 80 percent of burn transfers are only intubated for 24 hours. This means that intubation may not have been necessary

but for the need to transport the patient via helicopter. This can add complications to a patient's recovery process because after intubation is done, the weaning process can be difficult and extended.

In most cases, the standard of care for intubation is to use the Denver Criteria. Normally, only patients who satisfy these criteria—including symptoms such as full-thickness facial burns, respiratory distress, and upper airway trauma—should be intubated. All other cases usually do not require intubation. However, it is also the standard of care to intubate a burn patient during helicopter transport regardless of the Denver Criteria. With the development of a comprehensive burn center and dedicated Burn ICU beds at Mission Hospital, Western North Carolina residents would have access to a provider much closer to home, making it possible for them to access care with less frequent need for helicopter transport and the associated unnecessary intubation, thus, providing better quality care to residents of Western North Carolina.

As previously established, when Western North Carolina residents in need of burn care services are not able to be transported via helicopter due to weather conditions or other delays, an ambulance ride is the next best option for speedy transport. This option also negatively impacts the patient's care and the overall healthcare delivery system. When an EMS picks up a patient and has to transport him/her to a distant location—like the nearest burn center in central North Carolina or Augusta, Georgia—that EMS unit is out of service for the hours necessary for the roundtrip journey. This can impact the availability of local EMS vehicles for others who are experiencing emergencies in the local area.

Lastly, the cost of care associated with both helicopter transports and long ambulance trips is significant. This puts an additional undue burden on patients and their families in addition to the already costly burn care. With a burn care provider closer to home, patients would not have to incur the same level of expense. A burn center at Mission is clearly a positive addition to the healthcare delivery system in Western North Carolina because it would promote better geographic access to care, the reduction of healthcare costs, and a more equitable and efficient use of resources.

C. Family Support and Follow-Up Care Required for Burn-Injured Patients

Burn trauma is a serious event for the affected patient and their families. Burns are destructive injuries that can be associated with lasting impairment of quality of life as well as emotional well-being. A wide range of clinical and psychological support is required for severe burn-injured patients, from the initial trauma and intensive care through extended outpatient follow-up procedures and services that can extend from a year to 36 months following a severe burn.

As previously discussed, the travel burden associated with access to burn care for Western North

Carolina residents is not just a one-time occurrence. Burn patients and their families must travel long distances multiple times throughout their care process. On average, a burn-injured patient requires five total follow-up visits after an inpatient stay at a burn center, per year. According to data from Truven/IBM, the average inpatient length of stay at North Carolina burn centers was approximately 15 days in 2019. This can be much higher depending on the severity of the injury. In addition, severe burn patients require anywhere from 12 to 36 months of follow-up outpatient visits. Patients who are not admitted and are only treated through the Emergency Department (ED) still also require follow-up care. Clearly, severe burn injuries require extensive care over long periods of time.

Family support during a patient's initial inpatient admission is critical given that burn-injured patients have just experienced a traumatic injury and are often in critical condition. Moreover, these patients are accompanied by family or another caregiver for follow-up admissions or visits. This is especially true for those who need assistance with transportation due to the age of the patient (young or elderly) or due to disability related to their injury. The travel required can create a major impact on family members as they have to be away from home for extended periods and leave behind or make alternative accommodations for everyday responsibilities like children, work, and other commitments. Extensive travel causes an undue burden on patients and their families who must make the lengthy journey to existing comprehensive burn centers multiple times throughout the patient's inpatient stay and then several more times for follow-up care.

Importantly, involving the family in the decision-making process and having them be with the patient when possible is a critical element of optimal recovery. According to research, evidence-based guidelines for clinicians to optimize ICU patient recovery include the ABCDEF bundle. This stands for **A**ssessing, preventing, and managing pain; **B**oth Spontaneous Awakening Trials (SAT) and Spontaneous Breathing Trials (SBT); **C**hoice of analgesia and sedation; **D**elirium; **E**arly mobilization and exercise; and lastly, **F**amily engagement and empowerment.[4] Through inclusion of family members or surrogate decision makers, the ICU team can accurately identify a patient's preferences, reduce anxiety of family members, and overall, positively impact the stay of the patient. Burn ICU patients are no different. Family plays a vital role during recovery within the ICU, during the inpatient step-down process, and throughout all necessary re-admission or follow-up visits for burn-injured patients.

Requiring over six hours of roundtrip travel across state lines to Augusta, Georgia; approximately five hours roundtrip to Baptist; or approximately eight hours roundtrip to UNC even once is a massive burden, let alone multiple times during extended hospitalization and follow-up care. In fact, some families may have constraints or financial burdens such that they may not be able to take on the required travel more than once, thereby negatively impacting the patient's recovery process. An acute burn injury is a life-changing event. The patient has to adjust to a new normal.

[4] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5351776/

The family must adjust as well. The family's involvement in the recovery process with adequate social support helps make this adjustment process easier and is important to the overall social and psychological recovery of the patient.

As the region's only Level II trauma provider and a comprehensive provider of tertiary and quaternary care, Mission has the necessary resources and programs not only to provide high-quality burn care services but to also improve access to Western North Carolina residents, who currently travel hours for burn treatment, the associated support services, and follow-up care. The CON-regulated Burn ICU beds are the only necessary service limiting Mission's ability to develop a comprehensive burn program to serve Western North Carolina. With the proposed adjustment to the SMFP, patients and their families will have greater access to care during the full treatment process, thus alleviating the burdens they currently face to access such care.

D. SMFP Need Methodology Does Not Consider Outmigration of North Carolina Residents

The SMFP need methodology for Burn ICU services is based on the historical days of care provided by the only two existing Burn ICU providers in North Carolina. The number of total days of care among existing providers in the North Carolina is growing. **Exhibit 5** presents data from each providers' LRA showing total days of care from FY 2017 through FY 2019. **Exhibit 5** shows that total ICU days for both facilities have increased by 6.4 percent overall. Baptist has experienced the most growth in total days of care with a 35.6 percent increase. Clearly, the demand for ICU level care for burn-injured patients in the state is growing.

Exhibit 5
Total Days of Burn ICU Care
FY 2017-2019

	FY 2017 2019 SMFP	FY 2018 2020 SMFP	FY 2019 2021 Draft SMFP	Absolute Change	% Change
UNC	7,960	7,415	8,077	117	1.5%
Baptist	1,343	1,774	1,821	478	35.6%
Total	**9,303**	**9,189**	**9,898**	**595**	**6.4%**

Source: 2019-Draft 2021 SMFP and 2018-2020 LRAs

Despite the recent growth in burn care days of care, based on the existing need methodology, there has not been a published need for Burn ICU beds since 2012. In 2012, a need for eight beds was determined, and the 8 beds were split equally between existing providers, Baptist and UNC. Interestingly, 8 years later neither program has implemented the additional beds. Nonetheless, the need methodology presented within the draft SMFP includes these eight non-existing beds, therefore understating the actual occupancy experienced by these providers. As confirmed by each providers' LRA, Baptist actually operates 8 beds not the 12 considered in the draft SMFP, and

UNC actually operates 21 beds not the 25 considered in the draft SMFP.

Mission re-calculated the existing providers' occupancy rates using the number of beds that each facility reports on its respective LRA and compared these rates to the occupancy derived from using the SMFP's inventory. See **Exhibit 6**. Note that UNC's actual occupancy rate with the corrected inventory is well over 100 percent, and Baptist's actual occupancy rate is 62.4 percent, more than 20 percent higher than what is reported in the 2020 SMFP. According to the SMFP calculation, the combined occupancy of the two facilities is 73 percent, but in reality, based on beds set up and staffed, the overall occupancy of both providers in total is nearly 94 percent. The fact that the SMFP includes 8 additional beds that are not actually set up or staffed masks the true current need for additional Burn ICU bed capacity.

Exhibit 6
2019 Occupancy Comparison

	SMFP Inventory	**Corrected Inventory**
Actual Available Beds*	37	29
UNC Occupancy Rate	88.5%	105.4%
Baptist Occupancy Rate	41.6%	62.4%
Combined Occupancy	73.3%	93.5%

Source: 2020 LRAs
*Assumed - 25 beds at UNC and 12 beds at Baptist = 37 beds
Actual - 21 beds at UNC and 8 beds at Baptist = 29 beds

It is acknowledged that Baptist is well-utilized but not highly-utilized, especially by comparison to its competitor UNC. One factor that influences Baptist's utilization is the relatively small size of the unit, as Baptist has an 8-bed unit. It is acknowledged that Mission is proposing an adjusted need determination for eight new Burn ICU beds; there is nothing inherently wrong with a small Burn ICU unit. In fact, small units often serve as great access points for care. However, utilization of a small unit fluctuates easily with the admission and/or discharge of just a few patients. A swing of one patient in census represents 12.5 percent occupancy up or down. In other words, Baptist's capacity could be significantly impacted by any sort of seasonality as small changes make a large impact on utilization and capacity of a unit of its size. It should also be noted that even with available capacity at Baptist as a North Carolina provider, Western North Carolina patients are still leaving the state to receive care at other providers. Travel time most assuredly plays a role in this decision.

Mission has also analyzed Burn ICU bed need using 2019 data and the corrected inventory of 29 actual (*i.e.*, existing and developed, not just "approved") beds. See **Exhibit 7** below. With the updated bed inventory, the need methodology shows a need for an additional five beds. This is true even without considering the outmigration of burn-injured patients. Clearly, the two existing

providers are well-utilized when using set up and staffed beds which reflects actual, realized capacity. Nonetheless, even if the additional 8 beds that have not yet been implemented were to be implemented, it would not address the existing geographic barrier to comprehensive burn care experienced by Western North Carolina residents.

Exhibit 7
Re-Calculated Bed Need

A	B	C	D	E	F	G	H	I	J
Total Days of Care 2015	Total Days of Care 2016	Growth Rate Between A and B	Total Days of Care 2017	Growth Rate between D and B	Totals Days of Care 2018	Growth Rate Between F and D	Total Days of Care 2019	Growth Rate Between H and F	Average Annual Growth Rate
9,725	8,954	-0.0793	9,303	0.03898	9,189	-0.0123	9,898	0.07716	0.00615
Projected Days of Care ((J+1.00) x H)			Total Beds Needed ((Projected Days/365)/0.80)			Total Actual Beds in Inventory		**2021 Need Determination**	
9,959			34			29		**5**	

Source: SMFP and 2020 LRAs

The methodology for statewide need is driven solely by the utilization of the two existing burn care services providers and not by an assessment of actual demand within the state as a whole. For example, the demand for North Carolina residents traveling to DHA or other locations out of state for burn care services is not reflected in the need methodology, which would increase the bed need of 5 recognized by a corrected inventory of existing Burn ICU beds. As such, the needs of Western North Carolina residents are neither being adequately addressed nor correctly quantified[5].

Mission contends that a need methodology driven by the utilization of Burn ICU beds works if there is adequate geographic distribution of services. As it stands, this method omits consideration of the outmigration of patients and utilization of other services that are necessary for comprehensive burn. Given the location of existing Burn ICU beds in central North Carolina, need based on utilization of existing providers without consideration of migration for care, geographic access, and other factors that impact demand masks the true need for intensive burn care in Western North Carolina. More specifically, Mission proposes that the Western North Carolina region needs better access to comprehensive burn care services.

E. There is Enough Demand and Support for the Proposed Adjustment

As previously established, approximately 30 patients in Mission's North Carolina service area are

[5] Mission is not requesting a change to the statewide methodology. Mission is requesting a need adjustment to recognize the needs of Western North Carolina.

leaving the region each year and traveling at least five hours to receive care at DHA. This does not even include the patients in neighboring states for which Mission would become the closest comprehensive burn center.

Based on data from its Western North Carolina service area and surrounding multi-state region, Mission projects that there is enough need in the state to operate an efficient comprehensive burn center, including an 8-bed Burn ICU. Mission knows that specialized care, like burn care, needs sufficient demand to ensure proficiencies across the care continuum. Considering the availability of all necessary programs for the burn center, Mission is also able to seamlessly integrate the needs of the burn center with existing programs, thus maximizing efficiencies and use of resources.

To further support the need for the proposed adjusted need determination, Mission has developed a preliminary market analysis to estimate the total demand for Burn ICU beds in Western North Carolina and the four-state region as presented in **Exhibit 8**. Mission began with an analysis of the Western North Carolina Market as well as the other areas in the four states surrounding North Carolina that Mission currently serves (Upstate South Carolina, eastern Tennessee, northeast Georgia, and eastern Kentucky).[6] For Western North Carolina and the four-state region, there were between 581 and 576 total patients with burn diagnoses admitted to hospitals between 2017 and 2019. Of these patients, between 356 and 321 were admitted specifically to a comprehensive burn center including DHA, UNC, Baptist, Vanderbilt University Medical Center, and Grady Memorial Hospital. From these patients, the total demand for Burn ICU patients is conservatively estimated at 31 percent for North Carolina providers and 50 percent for those transported out of state. This results in a total estimate of between 149 and 164 patients needing Burn ICU Care. Based on an average length of stay of 15.33 days in the ICU, these patients would need between eight to nine Burn ICU beds at 75 percent occupancy. This estimate is conservative in that it does not consider growth in demand with population growth in the region.

[6] Data is not available for southwest Virginia although patients from this area are expected to utilize a burn center in Western North Carolina, which will become the most proximate center to these residents.

Exhibit 8
Estimated Demand for Burn Patient Volume and Burn ICU Beds

	2017	2018	2019
Total Burn Diagnosis Inpatients			
Western North Carolina Burn	110	111	102
4 State Region Burn Inpatients	471	463	474
Total Burn Inpatients	**581**	**574**	**576**
Patients Transported to a Comprehensive Burn Program			
Western North Carolina Burn	57	57	54
4 State Region Burn Inpatients	299	273	267
Total Burn Inpatients	**356**	**330**	**321**
Estimated ICU Patients*	164	156	149
Average Length of Stay**	15.33	15.33	15.33
Estimated Patient Days	2,516	2,384	2,280
Estimated Average Daily Census	6.89	6.53	6.25
Bed need at 75% Occupancy	9.19	8.71	8.33

Source: Truven/IBM
*ICU patients estimated as 31% for NC Providers and 50% for patients transported out of state.
**Total estimated ALOS is 20 based on UNC and Wake Forest Baptist, ICU component of stay estimated to be 15.33 days based on DHA experience.
Note: Burn-injured patients were identified by ICD-10 as defined in discussion with DHA. See **Attachment B** for a list of ICD-10 codes.

The Burn ICU beds proposed in the petition are just one component of a multi-faceted, patient-centered, integrated network necessary to provide all of the resources required for burn care patients. Mission already has in place each of the supplementary programs needed to complete a comprehensive burn center, except burn ICU beds. The need for burn ICU beds is the driving force behind this petition for the 2021 SMFP to recognize a need for Burn ICU beds in Western North Carolina.

Further, Mission's physician leadership is in full support of the proposed adjusted need determination. Below is an excerpt from a letter of support written by Dr. William Hathaway, MD, FACC, the Division Chief Medical Officer of Mission Health:

> *Currently, this region does not have sufficient access to comprehensive burn care services, as the nearest providers of these services are in central North Carolina and northeast Georgia, several hours and hundreds of miles away.*
>
> *Accordingly, it is vital for Mission to have the capability to serve the needs of complex patients throughout the region including the most severe burns. As we have said many times, we strive to provide quality care, close to home. Travel is a hardship on patients and their support systems and is not a one-time inconvenience; patients often have to continue to travel for many months of follow-up care. Mission*

has the physical and human resources necessary to support burn care from the initial treatment through the follow-up care process; the only limiting factor for the development of a comprehensive burn center closer to these patient's homes are Burn ICU beds.

- Dr. William Hathaway, MD, FACC
Division Chief Medical Director
Mission Health

Physician letters of support are included as **Attachment A**. The letters of support written by Mission physicians clearly emphasize the need for an additional burn care provider in the Western North Carolina region.

F. Mission Has the Resources to Offer Comprehensive Burn Services

As previously mentioned, burns are one of the most serious forms of trauma, requiring extensive treatment and follow-up care. A patient-centered, multidisciplinary team with an organized effort is essential for the development of a comprehensive burn care program in Western North Carolina. Shown below in **Exhibit 9** is a list of primary staff members needed throughout the course of treating a burn patient. Each team member must be involved in every step of treatment to ensure the patient is getting the best coordinated care.

Exhibit 9
Comprehensive Burn Teams

Specialty	Available at Mission Health?
Burn Surgeons*	**Y**
Nurses	**Y**
Anesthesiologists	**Y**
Respiratory Therapists	**Y**
Occupational Therapists	**Y**
Physical Therapists	**Y**
Dietician	**Y**
Psychologists	**Y**
Psychiatrists	**Y**
Social Workers	**Y**

*Source: Article included as **Attachment C***
*Several existing trauma physicians working at Mission have experience in burn treatment. Physician letters of support for the petition are included as **Attachment A.**

As shown, Mission already has services and resources to support a comprehensive burn care program and already employs personnel necessary for a comprehensive burn program throughout the Mission network. Several of Mission's existing programs are detailed below.

Burn Experience of Mission's Trauma Physicians

Mission has several physicians on staff with experience in treating burn-injured patients. More specifically, of Mission's 13 trauma surgeons on staff, nine have experience in treating burn-injured patients through their residency programs, fellowship programs, and/or as an attending at another hospital. Of note, Dr. Michael Schurr, board-certified trauma and general surgeon and Director of Inpatient Surgical Wound Care at Mission, has over 27 years of experience in advanced care of burns and trauma wounds. He has successfully led clinical trials of several advanced wound dressings. Prior to his employment with Mission Hospital, Dr. Schurr set up a Burn Center and served as Burn Director at University of Wisconsin Hospitals. Further, Dr. William Shillinglaw, Medical Director of Trauma Surgery at Mission, worked at the Bronson Methodist Level I Regional Trauma Center and ABA Burn Center in Kalamazoo, Michigan for six years.

Not only do Mission's trauma physicians have previous experience working in burn centers, but also, they already treat less severe burns on a regular basis at Mission Hospital. According to the American Burn Association, roughly 67 percent of burn injuries cover less than 10 percent of total body service area ("TBSA").[7] Further, about 90 percent of burn injuries cover 20 percent or less of TBSA. Many of these cases can be treated outside of a burn center without access to an ICU if the patient is an adult. Mission currently serves many of these patients. In addition to their experience and training, all of Mission's trauma surgeons are double board-certified in critical care and managing pulmonary care. In his letter of support, Dr. Shillinglaw states that:

> *[Treating burn patients] requires a team effort with coordination between head surgeons, skilled nurses, pharmacy, physical and occupational therapists, and others. Mission's Trauma and Acute Care Surgery Service is a group of 13 surgeons dual boarded in general surgery and critical care who have dedicated their professional careers to the management of such complex population. Our team is prepared and already has a sound foundation of experience working with burn patients. In fact, we already treat low severity burn patients at Mission on a regular basis through our trauma services and our Wound Clinic where we can provide skin grafts, growth factors, skin substitutes, and more. We believe that the region still has some unmet needs which can be rendered locally providing*

[7] http://ameriburn.org/wp-content/uploads/2019/08/2018-abls-providermanual.pdf

convenient competent and cost-effective care for the patients that we serve.
-Dr. William Shillinglaw, DO FACOS, FACS, MHA
Medical Director of Trauma Surgery
Mission Hospital

While it is true that less severe burns can usually be treated in a hospital setting without a burn care program and severe burn patients with intensive care needs represent a relatively small percentage of the burn population, these patients' needs are critical, and their conditions are often life-threatening. Complex and severe burn patients require and deserve accessible burn treatment and follow-up care. Mission's trauma physicians and coordinated healthcare team are equipped with the skills and resources necessary to provide this care.

Wound Care & Hyperbaric Centers

Mission's comprehensive wound care center is staffed with clinicians and trauma physicians who have specialized medical training in treating burn injuries. In addition to providing a multitude of emergency services upon arrival of a burn patient, the expert clinicians at the Wound Care & Hyperbaric Centers are able to address severe complications (such as ischemic necrosis or extensive edema) that may arise during the state of flux typically observed in burn patients by providing hyperbaric oxygen therapy as well as other cutting edge burn care techniques.[8] Other services critical for burn care that are offered in the wound care center include, but are not limited to, advanced topical treatments, skin grafts, skin substitutes, growth factors, and debridement of damaged wound tissue.

Respiratory Care Program

As part of a full continuum of care, Mission Hospital and its partner Asheville Specialty Hospital provide a comprehensive respiratory care program from which burn patients can benefit. This program includes bronchoscopy, ventilator management and weaning, 24/7 respiratory therapy coverage, and extracorporeal membrane oxygenation (ECMO) to help address the respiratory repercussions of burn injuries.

Rehabilitation Services at Mission Hospital

Mission offers a full range of acute care, outpatient, and post-acute rehabilitation services to support a comprehensive burn program including physical therapy, occupational therapy, and speech language pathology and therapy. To enhance post-acute care, Mission, as well as its

[8] Edwards M, Cooper JS. Hyperbaric Treatment of Thermal Burns. [Updated 2020 Feb 10]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK470524/

strategic partner CarePartners Rehabilitation Hospital, provides a multi-faceted rehabilitation approach that is tailored to individual patient needs. These highly-credentialed rehabilitation clinicians share a collaborative spirit that fosters a comprehensive program for trauma patients, and that will also be extended to support the extensive needs of burn patients.

Mental Health Programs

Mission Hospital is one of the largest mental health care providers in Western North Carolina with 86 inpatient psychiatric beds serving both adult and pediatric patients. A team of fully-licensed and accredited mental health professionals provide the most acute and innovative psychiatric care in the Western North Carolina region. For example, Mission's behavioral health approach to psychiatric treatment ensures that individual mental healthcare needs are addressed beyond traditional treatment methods and is delivered in a variety of ways, including through Telepsych. This program, offered at Mission, eliminates the geographical constraints that might hinder patient access to mental healthcare.

Further, Mission's hospital-based outpatient programs are tailored to meet the individual needs of patients who need continuous support as a way to prevent the need for hospitalization or as a step-down option after an inpatient stay. These programs are a more intensive and flexible alternative to traditional community-based outpatient therapy. More specifically, Mission provides several specific outpatient clinics and programs tailored to specific mental health needs, including:

- Depression and Anxiety Clinic
- Mental Health Intensive Outpatient Program (MH-IOP)
- Mental Health and Substance Abuse Intensive Outpatient Program (MH/SA-IOP)
- Women's Intensive Outpatient Program (W-IOP)
- Older Adult Structured Outpatient Program (SOP)
- Partial Hospitalization Program (PHP)
- Electroconvulsive Therapy

Psychiatric services are critical to support burn patients who not only have experienced a major traumatic event but also, may face life altering physical limitations and changes in appearance that have dramatic implications for both the patient and their family's mental health. Mission's extensive mental health services will be available to support burn patients and their family from initial admissions through and extended recovery process.

Pain Management and Nutrition Support

Many experts hypothesize that pain associated with burn injuries can be the most difficult to treat

among any form of acute pain.[9] Recognizing that effective pain control is linked to improved wound healing and overall recovery, Mission is staffed with anesthesiologists specializing in pain medicine and management. Additionally, the highly-experienced dieticians at Mission ensure that burn patients receive the intense nutritional support they require and are available to support a burn center at Mission.

It is vital for any burn center to offer a full continuum of care so that each patient can receive the care needed at every stage in their recovery process. The importance of a team approach for burn care is supported by research and has positive results in both patient recovery and satisfaction. It has been established that Mission has the resources and programs in place to develop a comprehensive program from the initial trauma and ICU services to the surgical skin grafts and wound care treatment as well as for the psychiatric support to address the mental health aspect of trauma and long-term, often limiting impact of severe burns on a patient's life. All that is missing for Mission to be a comprehensive provider for Western North Carolina patients are dedicated Burn ICU beds, hence the need for this petition.

G. Mission will Offer Teaching Opportunities Through MAHEC

Mission Health has worked for many years to develop and foster clinical training programs with multiple partners, including the Mountain Area Health Education Center (MAHEC) and the University of North Carolina (UNC). Mission Hospital serves as a highly-sought-after branch campus for third- and fourth-year medical students of the UNC School of Medicine. Mission Hospital supports an Asheville branch campus of the UNC Eshelman School of Pharmacy in partnership with UNC Asheville and numerous other health programs. Mission Health serves as the major clinical training site for residency programs operated by MAHEC for training in family medicine, obstetrics and gynecology, dental medicine, general surgery, critical care, and psychiatry, and Mission Health offers fellowships in geriatrics and palliative care medicine.

Mission also employs several trauma physicians with extensive experience in treating burns. Through the existing relationships with MAHEC and UNC Asheville, Mission will be able to provide exposure to a burn center as a unique training opportunity for medical students and residents studying general surgery and critical care, all of whom would benefit from the exposure and training opportunities presented. There are very few burn care programs in the state; thus, training opportunities in burn care are limited. Students can take this training and apply it throughout their work in trauma, making a burn center an invaluable training opportunity for residents and fellows.

[9] Griggs, C., Goverman, J., Bittner, E. A., & Levi, B. (2017). Sedation and Pain Management in Burn Patients. *Clinics in plastic surgery*, *44*(3), 535–540. https://doi.org/10.1016/j.cps.2017.02.026

V. STATEMENT OF THE ADVERSE EFFECTS ON THE POPULATION

As previously mentioned, numerous burn-injured patients each year are traveling from Western North Carolina and the region to out-of-state comprehensive burn centers, including DHA, to receive care. Even patients from Western North Carolina who are treated in this state still must travel 5+ hours roundtrip to existing providers. It is clear that while the existing providers in North Carolina may be adequately serving central North Carolina, they are located too far away for patients residing in Western North Carolina to have reasonable access to care. Serious burn patients who require a wide-range of services during a potentially lengthy inpatient stay and multiple follow up visits for an extended recovery period should not be required to add unnecessary travel and the related stress, life disruption and costs to their existing recovery burdens. In the absence of this need determination, patients will continue to be adversely impacted by lack of reasonably-proximate care.

Patient Cost of Care and Economic Impact

During a public hearing when this petition was presented, Mission was asked a question about the patient cost of care and economic impact. Mission found that there is a significant economic impact on burn patients and their families, which is only exacerbated when care if far from home. The cost of care for burn patients is high and varies widely based on a number of factors, including in large part the extensiveness of burn and level of complications. The most recent study found that cost of care for thermal burn (the most common type of burn) patients ranged from a mean of $155,272 to $184,805 in just the first year of care. [10] Another study of costs associated with care of moderate burns estimated cost of care over at $200,000 and can top $1.6 million for severe burns *without complications*.[11] Moreover, these estimates do not include the costs of travel and related expenses (hotel stays, restaurants, etc.) for patients and family members traveling to distant burn centers nor do they include lost wages for time away from home or work for patients and families.

VI. STATEMENT OF THE ALTERNATIVES CONSIDERED

There are no other alternatives available that would improve access to burn care for patients in Western North Carolina. Without the ability to develop Burn ICU beds, a comprehensive burn care program cannot be developed in Western North Carolina that would be recognized as such by emergency services and trauma transport providers. Patients in Western North Carolina and the surrounding region will continue to have to be transported and travel multiple times over an extended recovery period to access a full range of comprehensive burn care services.

[10] https://www.sciencedirect.com/science/article/pii/S0305417919304899
[11] https://www.paradigmcorp.com/insights/treatment-costs-of-severe-burn-injuries/#:%7E:text=Even%20low%2Dintensity%20treatment%20for,%2410%20million%20to%20treat%20successfully

VII. THE PROPOSED CHANGE WILL NOT RESULT IN UNNECESSARY DUPLICATION

Approval of this petition will not result in an unnecessary duplication of services. This petition is requesting an adjusted need determination to serve a base of patients in Western North Carolina who have inadequate access to burn care services and are thereby leaving the region and, often, the state for care. The only two providers in the state are located in central North Carolina, at least a 2-hour-and-40-minute drive one way from Asheville. While there are 8 Burn ICU beds that have been approved but not implemented at the two existing providers, these beds do not address the significant geographic barrier experienced by the residents of Western North Carolina. Moreover, there is more than sufficient demand to support the proposed eight-bed need adjustment for Western North Carolina without little to no impact on existing providers. In fact, based on publicly available market data, in FY 2019, Baptist and UNC served a total of 25 burn-injured patients from Western North Carolina (19 patients at Baptist and 6 patients at UNC) which is only 4.5 percent and 0.6 percent of total burn patients served by Baptist and UNC, respectively.

The analyses in this petition have shown that patients from Western North Carolina are traveling great distances for care, namely to another HCA-affiliate in Georgia. DHA in Augusta, Georgia is in full support of this petition and will work collaboratively with Mission Hospital, should this petition be approved, and a subsequent CON be issued, to ensure that all patients have a comprehensive burn care provider close to home.

VIII. CONSISTENCY WITH STATE HEALTH PLANNING PRINCIPLES

Mission's request for the adjusted need determination to include 8 Burn ICU beds is consistent with the following principles governing the development of the North Carolina Medical Facilities Plan:

A. Safety and Quality

Mission agrees with the SMFP's recognition of "the importance of systematic and ongoing improvement in the quality of health services." The requested adjusted need determination for 8 Burn ICU beds to better serve Western North Carolina is consistent with this principle. Mission has all of the resources in place to provide a high-quality, comprehensive burn treatment program, only missing CON-regulated Burn ICU Beds. Burn ICU beds in the Western North Carolina region will increase access to quality services and patient safety by allowing more residents to have ready access to the care they need close to home. Further, as a Level II trauma provider and through its affiliation with one of the country's largest burn treatment centers, Mission has all of the processes and resources in place to ensure quality of care and safety of intensive burn-injured patients.

The American College of Surgeons for Trauma Centers released "Resources of for Optimal Care of the Injured Patient", an instructive tool to assist surgeons and health care institutions in improving the care of injured patients. This document clearly sets all standards for Trauma Centers like Mission. Chapter 14 is specific to the guidelines for trauma centers caring for burn patients. See **Attachment D**. Mission will follow these guidelines when treating burn-injured patients.

Mission currently has a robust quality assurance/performance improvement (QAPI) program implemented for its Level II trauma program which applies to all burn-injured patients. The QAPI process has four levels in the review process. Each case that cannot be resolved at the former level is escalated to the next level:

- Primary Review: all trauma patient cases, including burn-injured patient cases, are reviewed by a registrar and PI RN as primary review.
- Secondary Review: conducted either by an individual provider or to the PIPS (Performance Improvement Patient Safety) committee that meets bi-weekly.
- Tertiary Review: conducted by the trauma operations committee, Trauma Mortality and Morbidity, Trauma Service Line meeting.
- Quaternary Review: conducted by the system quality council or the MATRAC (Mountain Area Regional Advisory Council) if there is a is pre-hospital concern.

All PI loop closure involves recording of meeting minutes and actions plans to ensure this same event (if opportunities identified) does not occur again. The PI team will then measure outcomes of the specific interventions that are put in place to ensure compliance with action plan and decrease of further incidents.

Currently, Mission does not have burn ICU beds to treat intensive burn patients; thus, patients must be transferred to another facility. For any transfers out, the referring hospital to which the patient is transferred will often send Mission a letter describing any opportunities of improvement the hospital may have found when treating the patient. If this occurs, Mission reviews the letter with the trauma team and discusses any opportunities as a group to formulate an action plan and loop closure at that point. Mission has transfer agreements with Baptist and DHA for burn transfers. See **Attachment E** for a copy of Mission's transfer guideline for burn-injured patients.

Further, DHA is verified by the American Burn Association and the American College of Surgeons and is recognized as a designated burn center in the Georgia Trauma Network. Under DHA's guidance, Mission Hospital will provide care in adherence with the quality and safety standards set forth by these institutions.

B. Access Basic Principle

Mission also agrees with the SMFP's principle that ensuring equitable access to timely, clinically appropriate, and high-quality health care for all residents of North Carolina is vital. The SMFP is built each year to ensure that barriers to timely and appropriate care are reduced or eliminated. This petition proposes another way for the SMFP to meet these goals. There is currently a population of patients leaving Western North Carolina to seek care outside of the state due to travel burdens to existing providers. This petition provides the opportunity for the development of a comprehensive burn center with Burn ICU beds in Western North Carolina that will adequately expand access to burn care services for all residents of Western North Carolina and the surrounding region.

C. Value Basic Principle

The SHCC defines health care value as the maximum health care benefit per dollar expended. As health care costs continue to rise, the need for affordability and value in the services provided increases. As discussed in this petition, many patients are often airlifted or taken by ambulance to the nearest burn center for care. Such transportation is extremely costly and places a significant financial burden on patients and their families to cover the cost of, not only the transport to care, but also the cost of the actual treatment and all follow-up care. Moreover, caretakers or family members of the patient must put aside other responsibilities to be with the patient both during their inpatient stay and throughout the follow-up care process, further exacerbating their financial burdens. With a comprehensive burn center closer to home, these kinds of expenses would not be necessary, thereby reducing both the geographical and financial burden Western North Carolina residents experience when seeking burn care services.

IX. CONCLUSION

In conclusion, while the existing SMFP need methodology does not address the significant access issues faced by Western North Carolina residents, MH Mission Hospital, LLLP is not requesting a change to the need methodology. Rather, Mission proposes an adjusted need determination for 8 Burn ICU beds to better serve Western North Carolina residents who are suffering severe burns and in need of both an ICU burn unit and a comprehensive burn treatment program closer to home. The proposed adjusted need determination will have a direct impact on improving patient access and quality of care.

Thank you for your consideration.

Attachment A

Physician Letters of Support

July 27, 2020

North Carolina State Health Coordinating Council
Health Care Planning and Certificate of Need
Division of Health Services Regulation
809 Ruggles Drive
Raleigh, NC 27603

Re: MH Mission Hospital, LLLP Petition for Adjusted Need Determination of 8 Burn ICU Beds in the 2021 SMFP

Dear Members of the SHCC:

My name is William Shillinglaw, DO. I am the Medical Director of Trauma Surgery at Mission Hospital in Asheville, North Carolina. I have been providing care to the residents of West North Carolina since arriving in 1999 and served as Medical Director since 2010. Prior to assuming the Medical Director's position I served as the Service-Line Leader for Trauma Surgery Services from 2004 to 2009 and have seen the growth in our own and other programs as populations have shifted and grown while some healthcare resources across the region have had to reduce the scope of their services. My prior experience also includes working at the Bronson Methodist Level I Regional Trauma Center and ABA Burn Center in Kalamazoo, Michigan for six years. Current trauma program staff include members such as Mike Schurr MD an experienced trauma and burn surgeon with extensive experience from his years the University of Wisconsin. We also recently have added Lance Griffin M.D. from the Galveston Medical Branch of the University of Texas where he too had experience providing burn care to the patients within the region they served. The other 12 members of our Trauma and Acute Care Surgery Team also have varying levels of experience in resuscitation and critical care management of acute burn patients and also in the management of complex wounds and soft tissue infections including skin grafting. In as such, I am very knowledgeable about both Mission's trauma program and the needs of burn-injured patients in Western North Carolina and our region.

Currently, there are no existing burn care providers in Western North Carolina; thus, the most severe burn patients in the area are having to be transported significant distances to comprehensive burn care centers in Georgia and central North Carolina. Additionally, even the more minor and moderate burn patients are often traveling great distances to have an initial evaluation. Subsequently, these patients are discharged from the emergency department and then must schedule follow-up visits at a burn care provider after having been transported in some cases more than four hours. This is a hardship on the patient and their family which often is an ongoing burden given the extended duration of burn care and follow-up services. Patients in Western North Carolina and the surrounding region have a need for more local comprehensive burn care services including Burn ICU beds to meet their needs. Mission has the ability and resources to provide comprehensive burn care services but for the recognition of an adjusted need determination for Burn ICU beds in the SMFP.

Severe burn patients are unique, representing one of the most severe types of trauma. The acute burn wound is the initiating event to a very dramatic and sustained inflammatory response with organ dysfunction and need for aggressive critical care and wound management. This uniqueness necessitates a group of providers with experienced nursing and rehab resources that can offer a full, comprehensive, and integrated continuum of care

from the initial trauma response through ICU and stepdown inpatient care, subsequent admission for skin grafts, and extensive follow-up outpatient services. This requires a team effort with coordination between head surgeons, skilled nurses, pharmacy, physical and occupational therapists, and others. Mission's Trauma and Acute Care Surgery Service is a group of 13 surgeons dual boarded in general surgery and critical care who have dedicated their professional careers to the management of such complex population. Our team is prepared and already has a sound foundation of experience working with burn patients. In fact, we already treat low-severity burn patients at Mission on a regular basis through our trauma services and our Wound Clinic where we can provide skin grafts, growth factors, skin substitutes, and more. We believe that the region still has some unmet needs which can be rendered locally providing convenient competent and cost-effective care for the patients that we serve.

Western North Carolina is a region of over 11,000 mi.^{2} served by 16 acute care facilities and the VA Medical Center in Asheville. Many of these 16 hospitals are critical access designated and as such provide only limited initial assessment of the acutely burned patient and then arrange transfer great distances to the burn centers in North Carolina and Georgia. Additionally the region has geographic and associated weather challenges as results of the mountains which sometimes limits transportation options and thus the most critical patients may not be able to get to the burn centers in North Carolina and Georgia for many hours. These hours can be critical, and a comprehensive burn center located in central Western North Carolina would probably result in a 50% reduction in the transport time even when air medical transport was not available. The acutely injured and burn patient have a very time sensitive pathology and access to such resources is more than a convenience it can be the difference between a survivor and a potentially preventable death.

Having dedicated Burn ICU beds is the last step in being able to offer accessible comprehensive burn care services to patients in Western North Carolina and the surrounding region. Currently, each step in the burn-care continuum is impacted by the distance to existing providers from the initial trauma transport, through familial support during the initial and subsequent hospitalization and follow-up and added ongoing burden of long transportation needs back and forth for ongoing follow-up care. The development of a comprehensive burn center including Burn ICU beds would increase access to residents of Western North Carolina and the surrounding region. I urge you to include the requested adjusted need for Burn ICU beds in next year's SMFP. Thank you for your consideration.

Sincerely,

William R Shillinglaw DO, FACOS, FACS, MHA

William Shillinglaw, DO FACOS, FACS, MHA
Medical Director of Trauma Surgery

HCA Healthcare | North Carolina Division

July 22, 2020

North Carolina State Health Coordinating Council
Health Care Planning and Certificate of Need
Division of Health Services Regulation
809 Ruggles Drive
Raleigh, NC 27603

Re: MH Mission Hospital, LLLP Petition for Adjusted Need Determination of 8 Burn ICU Beds in the 2021 SMFP

Dear Members of the SHCC,

My name is William R. Hathaway, MD, FACC. I am the Division Chief Medical Officer of Mission Health. I have served in this role since January of 2013. As such, I am aware of the types of patients seen across the Mission Health network and the region and their needs.

As our flagship hospital, MH Mission Hospital, LLLP ("Mission") serves as the region's only Level II trauma provider and a comprehensive provider of tertiary and quaternary care. Mission also serves as a referral source for smaller hospitals throughout Western North Carolina that do not have the capabilities of a larger hospital thereby providing the full spectrum of care needed for an acute burn injury. Currently, this region does not have sufficient access to comprehensive burn care services, as the nearest providers of these services are in central North Carolina and northeast Georgia, several hours and hundreds of miles away.

Accordingly, it is vital for Mission to have the capability to serve the needs of complex patients throughout the region including the most severe burns. As we have said many times, we strive to provide quality care, close to home. Travel is a hardship on patients and their support systems and is not a one-time inconvenience; patients often have to continue to travel for many months of follow-up care. Mission has the physical and human resources necessary to support burn care from the initial treatment through the follow-up care process; the only limiting factor for the development of a comprehensive burn center closer to these patient's homes are Burn ICU beds.

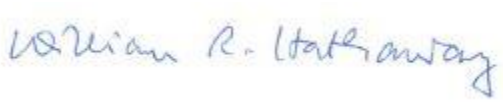
By nature of the fact that we are the tertiary and quaternary provider for Western North Carolina, it is not uncommon for us to care for patients, at least temporarily, when they present to our Emergency Department. The absence of a dedicated Burn Unit limits the care that they can receive.

As we continue improve our trauma center and expand the provision of Graduate Medical Education opportunities at Mission, it is imperative that we supplement the scope of high quality medical care by adding a dedicated Burn Unit. Our longstanding history of high quality care coupled with the existing infrastructure that includes both physical and human resources makes expanded provision of burn care not only a logical next step, but a community imperative. Western North Carolina is in need of expanded access to burn care services, and lack of Burn ICU beds are the only thing keeping Mission from bridging the gap in access to burn care in the region. I urge you to include the identified adjusted need determination for Burn ICU beds in next year's SMFP.

HCA Healthcare

Thank you for your consideration.

Sincerely,



William R. Hathaway, MD, FACC
Chief Medical Officer
North Carolina Division HCA Healthcare

MISSION HOSPITAL

July 27, 2020

North Carolina State Health Coordinating Council
Health Care Planning and Certificate of Need
Division of Health Services Regulation
809 Ruggles Drive
Raleigh, NC 27603

Re: **MH Mission Hospital, LLLP Petition for Adjusted Need Determination of 8 Burn ICU Beds in the 2021 SMFP**

Dear Members of the SHCC,

My name is Anthony Michael Spensieri, MD, and I am the Chief Medical Officer ("CMO") of Mission Hospital ("Mission"). I have served in this role since November of 2019. Prior to joining Mission, I served as CMO of Henrico Doctors Hospital in Richmond, Virginia for eight years. As CMO, I lead hospital initiatives relating to quality improvement, patient safety, and clinical effectiveness. Throughout these efforts, I work closely with hospital personnel and medical staff. I have also received HCA's Frist Humanitarian Award in honor of my patient advocacy and commitment. I always put the needs of my patients first, and I believe that Western North Carolina and the surrounding region are in need of a comprehensive burn center with Burn ICU beds and that Mission Hospital is in a unique position to be able to provide these services.

Currently, the only intensive burn care providers in the state are located in central North Carolina. Thus, patients in the western region of the state must travel hundreds of miles for burn care to central North Carolina, or they must leave the state and travel to Georgia for the next closest provider. This is an undue hardship on patients and their families. Through approval of Mission's petition to recognize an adjusted need determination for Burn ICU beds to next year's SMFP, the needs of patients throughout Western North Carolina and the surrounding area will be addressed. Mission already serves low severity burn patients with our trauma service and Wound Clinic. We have the capability to provide skin grafts, growth factors, skin substitutes, and more. However, without Burn ICU beds, we cannot operate a comprehensive burn care program, and the most complex and severe burn patients must continue to be transported long distances to providers in central North Carolina and Georgia.

Without a nearby provider of comprehensive burn services, the comprehensive health care needs of Western North Carolina and surrounding region cannot be fully addressed. I urge you to include the adjusted need determination for Burn ICU beds in next year's SMFP. Thank you for your consideration.

Sincerely,

Anthony Michael Spensieri, MD, MBA, FHM
Chief Medical Officer
Mission Hospital

Attachment B

List of Burn ICD-10 Codes

Principal ICD-10 Diagnosis Code - Burn

ICD-10 Code	Description
T2000XA	Burn of unsp degree of head, face, and neck, unsp site, init
T2000XD	Burn of unspecified degree of head, face, and neck
T2000XS	Burn of unspecified degree of head, face, and neck
T20011A	Burn of unspecified degree of right ear, initial encounter
T20011D	Burn of unspecified degree of right ear [any part,
T20011S	Burn of unspecified degree of right ear [any part,
T20012A	Burn of unspecified degree of left ear, initial encounter
T20012D	Burn of unspecified degree of left ear [any part,
T20012S	Burn of unspecified degree of left ear [any part,
T20019A	Burn of unspecified degree of unspecified ear, init encntr
T20019D	Burn of unspecified degree of unspecified ear [any
T20019S	Burn of unspecified degree of unspecified ear [any
T2002XA	Burn of unspecified degree of lip(s), initial encounter
T2002XD	Burn of unspecified degree of lip(s), subsequent e
T2002XS	Burn of unspecified degree of lip(s), sequela
T2003XA	Burn of unspecified degree of chin, initial encounter
T2003XD	Burn of unspecified degree of chin, subsequent enc
T2003XS	Burn of unspecified degree of chin, sequela
T2004XA	Burn of unspecified degree of nose (septum), init encntr
T2004XD	Burn of unspecified degree of nose (septum), subse
T2004XS	Burn of unspecified degree of nose (septum), seque
T2005XA	Burn of unspecified degree of scalp, initial encounter
T2005XD	Burn of unspecified degree of scalp [any part], su
T2005XS	Burn of unspecified degree of scalp [any part], se
T2006XA	Burn of unsp degree of forehead and cheek, init encntr
T2006XD	Burn of unspecified degree of forehead and cheek,
T2006XS	Burn of unspecified degree of forehead and cheek,
T2007XA	Burn of unspecified degree of neck, initial encounter
T2007XD	Burn of unspecified degree of neck, subsequent enc
T2007XS	Burn of unspecified degree of neck, sequela
T2009XA	Burn of unsp deg mult sites of head, face, and neck, init
T2009XD	Burn of unspecified degree of multiple sites of he
T2009XS	Burn of unspecified degree of multiple sites of he
T2010XA	Burn first degree of head, face, and neck, unsp site, init
T2010XD	Burn of first degree of head, face, and neck, unsp
T2010XS	Burn of first degree of head, face, and neck, unsp
T20111A	Burn of first degree of right ear, initial encounter
T20111D	Burn of first degree of right ear [any part, excep
T20111S	Burn of first degree of right ear [any part, excep
T20112A	Burn of first degree of left ear, initial encounter
T20112D	Burn of first degree of left ear [any part, except
T20112S	Burn of first degree of left ear [any part, except
T20119A	Burn of first degree of unspecified ear, initial encounter
T20119D	Burn of first degree of unspecified ear [any part,
T20119S	Burn of first degree of unspecified ear [any part,
T2012XA	Burn of first degree of lip(s), initial encounter
T2012XD	Burn of first degree of lip(s), subsequent encount
T2012XS	Burn of first degree of lip(s), sequela
T2013XA	Burn of first degree of chin, initial encounter

ICD-10 Code	Description
T2013XD	Burn of first degree of chin, subsequent encounter
T2013XS	Burn of first degree of chin, sequela
T2014XA	Burn of first degree of nose (septum), initial encounter
T2014XD	Burn of first degree of nose (septum), subsequent
T2014XS	Burn of first degree of nose (septum), sequela
T2015XA	Burn of first degree of scalp [any part], initial encounter
T2015XD	Burn of first degree of scalp [any part], subseque
T2015XS	Burn of first degree of scalp [any part], sequela
T2016XA	Burn of first degree of forehead and cheek, init encntr
T2016XD	Burn of first degree of forehead and cheek, subseq
T2016XS	Burn of first degree of forehead and cheek, sequel
T2017XA	Burn of first degree of neck, initial encounter
T2017XD	Burn of first degree of neck, subsequent encounter
T2017XS	Burn of first degree of neck, sequela
T2019XA	Burn of first deg mult sites of head, face, and neck, init
T2019XD	Burn of first degree of multiple sites of head, fa
T2019XS	Burn of first degree of multiple sites of head, fa
T2020XA	Burn second degree of head, face, and neck, unsp site, init
T2020XD	Burn of second degree of head, face, and neck, uns
T2020XS	Burn of second degree of head, face, and neck, uns
T20211A	Burn of second degree of right ear, initial encounter
T20211D	Burn of second degree of right ear [any part, exce
T20211S	Burn of second degree of right ear [any part, exce
T20212A	Burn of second degree of left ear, initial encounter
T20212D	Burn of second degree of left ear [any part, excep
T20212S	Burn of second degree of left ear [any part, excep
T20219A	Burn of second degree of unspecified ear, initial encounter
T20219D	Burn of second degree of unspecified ear [any part
T20219S	Burn of second degree of unspecified ear [any part
T2022XA	Burn of second degree of lip(s), initial encounter
T2022XD	Burn of second degree of lip(s), subsequent encoun
T2022XS	Burn of second degree of lip(s), sequela
T2023XA	Burn of second degree of chin, initial encounter
T2023XD	Burn of second degree of chin, subsequent encounte
T2023XS	Burn of second degree of chin, sequela
T2024XA	Burn of second degree of nose (septum), initial encounter
T2024XD	Burn of second degree of nose (septum), subsequent
T2024XS	Burn of second degree of nose (septum), sequela
T2025XA	Burn of second degree of scalp [any part], initial encounter
T2025XD	Burn of second degree of scalp [any part], subsequ
T2025XS	Burn of second degree of scalp [any part], sequela
T2026XA	Burn of second degree of forehead and cheek, init encntr
T2026XD	Burn of second degree of forehead and cheek, subse
T2026XS	Burn of second degree of forehead and cheek, seque
T2027XA	Burn of second degree of neck, initial encounter
T2027XD	Burn of second degree of neck, subsequent encounte
T2027XS	Burn of second degree of neck, sequela
T2029XA	Burn of 2nd deg mul sites of head, face, and neck, init
T2029XD	Burn of second degree of multiple sites of head, f
T2029XS	Burn of second degree of multiple sites of head, f

ICD-10 Code	Description
T2030XA	Burn third degree of head, face, and neck, unsp site, init
T2030XD	Burn of third degree of head, face, and neck, unsp
T2030XS	Burn of third degree of head, face, and neck, unsp
T20311A	Burn of third degree of right ear, initial encounter
T20311D	Burn of third degree of right ear [any part, excep
T20311S	Burn of third degree of right ear [any part, excep
T20312A	Burn of third degree of left ear, initial encounter
T20312D	Burn of third degree of left ear [any part, except
T20312S	Burn of third degree of left ear [any part, except
T20319A	Burn of third degree of unspecified ear, initial encounter
T20319D	Burn of third degree of unspecified ear [any part,
T20319S	Burn of third degree of unspecified ear [any part,
T2032XA	Burn of third degree of lip(s), initial encounter
T2032XD	Burn of third degree of lip(s), subsequent encount
T2032XS	Burn of third degree of lip(s), sequela
T2033XA	Burn of third degree of chin, initial encounter
T2033XD	Burn of third degree of chin, subsequent encounter
T2033XS	Burn of third degree of chin, sequela
T2034XA	Burn of third degree of nose (septum), initial encounter
T2034XD	Burn of third degree of nose (septum), subsequent
T2034XS	Burn of third degree of nose (septum), sequela
T2035XA	Burn of third degree of scalp [any part], initial encounter
T2035XD	Burn of third degree of scalp [any part], subseque
T2035XS	Burn of third degree of scalp [any part], sequela
T2036XA	Burn of third degree of forehead and cheek, init encntr
T2036XD	Burn of third degree of forehead and cheek, subseq
T2036XS	Burn of third degree of forehead and cheek, sequel
T2037XA	Burn of third degree of neck, initial encounter
T2037XD	Burn of third degree of neck, subsequent encounter
T2037XS	Burn of third degree of neck, sequela
T2039XA	Burn of 3rd deg mu sites of head, face, and neck, init
T2039XD	Burn of third degree of multiple sites of head, fa
T2039XS	Burn of third degree of multiple sites of head, fa
T2040XA	Corros unsp degree of head, face, and neck, unsp site, init
T2040XD	Corrosion of unspecified degree of head, face, and
T2040XS	Corrosion of unspecified degree of head, face, and
T20411A	Corrosion of unspecified degree of right ear, init encntr
T20411D	Corrosion of unspecified degree of right ear [any
T20411S	Corrosion of unspecified degree of right ear [any
T20412A	Corrosion of unspecified degree of left ear, init encntr
T20412D	Corrosion of unspecified degree of left ear [any p
T20412S	Corrosion of unspecified degree of left ear [any p
T20419A	Corrosion of unsp degree of unspecified ear, init encntr
T20419D	Corrosion of unspecified degree of unspecified ear
T20419S	Corrosion of unspecified degree of unspecified ear
T2042XA	Corrosion of unspecified degree of lip(s), initial encounter
T2042XD	Corrosion of unspecified degree of lip(s), subsequ
T2042XS	Corrosion of unspecified degree of lip(s), sequela
T2043XA	Corrosion of unspecified degree of chin, initial encounter
T2043XD	Corrosion of unspecified degree of chin, subsequen

ICD-10 Code	Description
T2043XS	Corrosion of unspecified degree of chin, sequela
T2044XA	Corrosion of unsp degree of nose (septum), init encntr
T2044XD	Corrosion of unspecified degree of nose (septum),
T2044XS	Corrosion of unspecified degree of nose (septum),
T2045XA	Corrosion of unspecified degree of scalp, initial encounter
T2045XD	Corrosion of unspecified degree of scalp [any part
T2045XS	Corrosion of unspecified degree of scalp [any part
T2046XA	Corrosion of unsp degree of forehead and cheek, init encntr
T2046XD	Corrosion of unspecified degree of forehead and ch
T2046XS	Corrosion of unspecified degree of forehead and ch
T2047XA	Corrosion of unspecified degree of neck, initial encounter
T2047XD	Corrosion of unspecified degree of neck, subsequen
T2047XS	Corrosion of unspecified degree of neck, sequela
T2049XA	Corros unsp deg mult sites of head, face, and neck, init
T2049XD	Corrosion of unspecified degree of multiple sites
T2049XS	Corrosion of unspecified degree of multiple sites
T2050XA	Corros first degree of head, face, and neck, unsp site, init
T2050XD	Corrosion of first degree of head, face, and neck,
T2050XS	Corrosion of first degree of head, face, and neck,
T20511A	Corrosion of first degree of right ear, initial encounter
T20511D	Corrosion of first degree of right ear [any part,
T20511S	Corrosion of first degree of right ear [any part,
T20512A	Corrosion of first degree of left ear, initial encounter
T20512D	Corrosion of first degree of left ear [any part, e
T20512S	Corrosion of first degree of left ear [any part, e
T20519A	Corrosion of first degree of unspecified ear, init encntr
T20519D	Corrosion of first degree of unspecified ear [any
T20519S	Corrosion of first degree of unspecified ear [any
T2052XA	Corrosion of first degree of lip(s), initial encounter
T2052XD	Corrosion of first degree of lip(s), subsequent en
T2052XS	Corrosion of first degree of lip(s), sequela
T2053XA	Corrosion of first degree of chin, initial encounter
T2053XD	Corrosion of first degree of chin, subsequent enco
T2053XS	Corrosion of first degree of chin, sequela
T2054XA	Corrosion of first degree of nose (septum), init encntr
T2054XD	Corrosion of first degree of nose (septum), subseq
T2054XS	Corrosion of first degree of nose (septum), sequel
T2055XA	Corrosion of first degree of scalp, initial encounter
T2055XD	Corrosion of first degree of scalp [any part], sub
T2055XS	Corrosion of first degree of scalp [any part], seq
T2056XA	Corrosion of first degree of forehead and cheek, init encntr
T2056XD	Corrosion of first degree of forehead and cheek, s
T2056XS	Corrosion of first degree of forehead and cheek, s
T2057XA	Corrosion of first degree of neck, initial encounter
T2057XD	Corrosion of first degree of neck, subsequent enco
T2057XS	Corrosion of first degree of neck, sequela
T2059XA	Corros first deg mult sites of head, face, and neck, init
T2059XD	Corrosion of first degree of multiple sites of hea
T2059XS	Corrosion of first degree of multiple sites of hea
T2060XA	Corros second deg of head, face, and neck, unsp site, init

ICD-10 Code	Description
T2060XD	Corrosion of second degree of head, face, and neck
T2060XS	Corrosion of second degree of head, face, and neck
T20611A	Corrosion of second degree of right ear, initial encounter
T20611D	Corrosion of second degree of right ear [any part,
T20611S	Corrosion of second degree of right ear [any part,
T20612A	Corrosion of second degree of left ear, initial encounter
T20612D	Corrosion of second degree of left ear [any part,
T20612S	Corrosion of second degree of left ear [any part,
T20619A	Corrosion of second degree of unspecified ear, init encntr
T20619D	Corrosion of second degree of unspecified ear [any
T20619S	Corrosion of second degree of unspecified ear [any
T2062XA	Corrosion of second degree of lip(s), initial encounter
T2062XD	Corrosion of second degree of lip(s), subsequent e
T2062XS	Corrosion of second degree of lip(s), sequela
T2063XA	Corrosion of second degree of chin, initial encounter
T2063XD	Corrosion of second degree of chin, subsequent enc
T2063XS	Corrosion of second degree of chin, sequela
T2064XA	Corrosion of second degree of nose (septum), init encntr
T2064XD	Corrosion of second degree of nose (septum), subse
T2064XS	Corrosion of second degree of nose (septum), seque
T2065XA	Corrosion of second degree of scalp, initial encounter
T2065XD	Corrosion of second degree of scalp [any part], su
T2065XS	Corrosion of second degree of scalp [any part], se
T2066XA	Corrosion of second degree of forehead and cheek, init
T2066XD	Corrosion of second degree of forehead and cheek,
T2066XS	Corrosion of second degree of forehead and cheek,
T2067XA	Corrosion of second degree of neck, initial encounter
T2067XD	Corrosion of second degree of neck, subsequent enc
T2067XS	Corrosion of second degree of neck, sequela
T2069XA	Corrosion of 2nd deg mul sites of head, face, and neck, init
T2069XD	Corrosion of second degree of multiple sites of he
T2069XS	Corrosion of second degree of multiple sites of he
T2070XA	Corros third degree of head, face, and neck, unsp site, init
T2070XD	Corrosion of third degree of head, face, and neck,
T2070XS	Corrosion of third degree of head, face, and neck,
T20711A	Corrosion of third degree of right ear, initial encounter
T20711D	Corrosion of third degree of right ear [any part,
T20711S	Corrosion of third degree of right ear [any part,
T20712A	Corrosion of third degree of left ear, initial encounter
T20712D	Corrosion of third degree of left ear [any part, e
T20712S	Corrosion of third degree of left ear [any part, e
T20719A	Corrosion of third degree of unspecified ear, init encntr
T20719D	Corrosion of third degree of unspecified ear [any
T20719S	Corrosion of third degree of unspecified ear [any
T2072XA	Corrosion of third degree of lip(s), initial encounter
T2072XD	Corrosion of third degree of lip(s), subsequent en
T2072XS	Corrosion of third degree of lip(s), sequela
T2073XA	Corrosion of third degree of chin, initial encounter
T2073XD	Corrosion of third degree of chin, subsequent enco
T2073XS	Corrosion of third degree of chin, sequela

ICD-10 Code	Description
T2074XA	Corrosion of third degree of nose (septum), init encntr
T2074XD	Corrosion of third degree of nose (septum), subseq
T2074XS	Corrosion of third degree of nose (septum), sequel
T2075XA	Corrosion of third degree of scalp, initial encounter
T2075XD	Corrosion of third degree of scalp [any part], sub
T2075XS	Corrosion of third degree of scalp [any part], seq
T2076XA	Corrosion of third degree of forehead and cheek, init encntr
T2076XD	Corrosion of third degree of forehead and cheek, s
T2076XS	Corrosion of third degree of forehead and cheek, s
T2077XA	Corrosion of third degree of neck, initial encounter
T2077XD	Corrosion of third degree of neck, subsequent enco
T2077XS	Corrosion of third degree of neck, sequela
T2079XA	Corrosion of 3rd deg mu sites of head, face, and neck, init
T2079XD	Corrosion of third degree of multiple sites of hea
T2079XS	Corrosion of third degree of multiple sites of hea
T2100XA	Burn of unsp degree of trunk, unspecified site, init encntr
T2100XD	Burn of unspecified degree of trunk, unspecified s
T2100XS	Burn of unspecified degree of trunk, unspecified s
T2101XA	Burn of unspecified degree of chest wall, initial encounter
T2101XD	Burn of unspecified degree of chest wall, subseque
T2101XS	Burn of unspecified degree of chest wall, sequela
T2102XA	Burn of unspecified degree of abdominal wall, init encntr
T2102XD	Burn of unspecified degree of abdominal wall, subs
T2102XS	Burn of unspecified degree of abdominal wall, sequ
T2103XA	Burn of unspecified degree of upper back, initial encounter
T2103XD	Burn of unspecified degree of upper back, subseque
T2103XS	Burn of unspecified degree of upper back, sequela
T2104XA	Burn of unspecified degree of lower back, initial encounter
T2104XD	Burn of unspecified degree of lower back, subseque
T2104XS	Burn of unspecified degree of lower back, sequela
T2105XA	Burn of unspecified degree of buttock, initial encounter
T2105XD	Burn of unspecified degree of buttock, subsequent
T2105XS	Burn of unspecified degree of buttock, sequela
T2106XA	Burn of unsp degree of male genital region, init encntr
T2106XD	Burn of unspecified degree of male genital region,
T2106XS	Burn of unspecified degree of male genital region,
T2107XA	Burn of unsp degree of female genital region, init encntr
T2107XD	Burn of unspecified degree of female genital regio
T2107XS	Burn of unspecified degree of female genital regio
T2109XA	Burn of unsp degree of other site of trunk, init encntr
T2109XD	Burn of unspecified degree of other site of trunk,
T2109XS	Burn of unspecified degree of other site of trunk,
T2110XA	Burn of first degree of trunk, unspecified site, init encntr
T2110XD	Burn of first degree of trunk, unspecified site, s
T2110XS	Burn of first degree of trunk, unspecified site, s
T2111XA	Burn of first degree of chest wall, initial encounter
T2111XD	Burn of first degree of chest wall, subsequent enc
T2111XS	Burn of first degree of chest wall, sequela
T2112XA	Burn of first degree of abdominal wall, initial encounter
T2112XD	Burn of first degree of abdominal wall, subsequent

ICD-10 Code	Description
T2112XS	Burn of first degree of abdominal wall, sequela
T2113XA	Burn of first degree of upper back, initial encounter
T2113XD	Burn of first degree of upper back, subsequent enc
T2113XS	Burn of first degree of upper back, sequela
T2114XA	Burn of first degree of lower back, initial encounter
T2114XD	Burn of first degree of lower back, subsequent enc
T2114XS	Burn of first degree of lower back, sequela
T2115XA	Burn of first degree of buttock, initial encounter
T2115XD	Burn of first degree of buttock, subsequent encoun
T2115XS	Burn of first degree of buttock, sequela
T2116XA	Burn of first degree of male genital region, init encntr
T2116XD	Burn of first degree of male genital region, subse
T2116XS	Burn of first degree of male genital region, seque
T2117XA	Burn of first degree of female genital region, init encntr
T2117XD	Burn of first degree of female genital region, sub
T2117XS	Burn of first degree of female genital region, seq
T2119XA	Burn of first degree of other site of trunk, init encntr
T2119XD	Burn of first degree of other site of trunk, subse
T2119XS	Burn of first degree of other site of trunk, seque
T2120XA	Burn of second degree of trunk, unsp site, init encntr
T2120XD	Burn of second degree of trunk, unspecified site,
T2120XS	Burn of second degree of trunk, unspecified site,
T2121XA	Burn of second degree of chest wall, initial encounter
T2121XD	Burn of second degree of chest wall, subsequent en
T2121XS	Burn of second degree of chest wall, sequela
T2122XA	Burn of second degree of abdominal wall, initial encounter
T2122XD	Burn of second degree of abdominal wall, subsequen
T2122XS	Burn of second degree of abdominal wall, sequela
T2123XA	Burn of second degree of upper back, initial encounter
T2123XD	Burn of second degree of upper back, subsequent en
T2123XS	Burn of second degree of upper back, sequela
T2124XA	Burn of second degree of lower back, initial encounter
T2124XD	Burn of second degree of lower back, subsequent en
T2124XS	Burn of second degree of lower back, sequela
T2125XA	Burn of second degree of buttock, initial encounter
T2125XD	Burn of second degree of buttock, subsequent encou
T2125XS	Burn of second degree of buttock, sequela
T2126XA	Burn of second degree of male genital region, init encntr
T2126XD	Burn of second degree of male genital region, subs
T2126XS	Burn of second degree of male genital region, sequ
T2127XA	Burn of second degree of female genital region, init encntr
T2127XD	Burn of second degree of female genital region, su
T2127XS	Burn of second degree of female genital region, se
T2129XA	Burn of second degree of other site of trunk, init encntr
T2129XD	Burn of second degree of other site of trunk, subs
T2129XS	Burn of second degree of other site of trunk, sequ
T2130XA	Burn of third degree of trunk, unspecified site, init encntr
T2130XD	Burn of third degree of trunk, unspecified site, s
T2130XS	Burn of third degree of trunk, unspecified site, s
T2131XA	Burn of third degree of chest wall, initial encounter

ICD-10 Code	Description
T2131XD	Burn of third degree of chest wall, subsequent enc
T2131XS	Burn of third degree of chest wall, sequela
T2132XA	Burn of third degree of abdominal wall, initial encounter
T2132XD	Burn of third degree of abdominal wall, subsequent
T2132XS	Burn of third degree of abdominal wall, sequela
T2133XA	Burn of third degree of upper back, initial encounter
T2133XD	Burn of third degree of upper back, subsequent enc
T2133XS	Burn of third degree of upper back, sequela
T2134XA	Burn of third degree of lower back, initial encounter
T2134XD	Burn of third degree of lower back, subsequent enc
T2134XS	Burn of third degree of lower back, sequela
T2135XA	Burn of third degree of buttock, initial encounter
T2135XD	Burn of third degree of buttock, subsequent encoun
T2135XS	Burn of third degree of buttock, sequela
T2136XA	Burn of third degree of male genital region, init encntr
T2136XD	Burn of third degree of male genital region, subse
T2136XS	Burn of third degree of male genital region, seque
T2137XA	Burn of third degree of female genital region, init encntr
T2137XD	Burn of third degree of female genital region, sub
T2137XS	Burn of third degree of female genital region, seq
T2139XA	Burn of third degree of other site of trunk, init encntr
T2139XD	Burn of third degree of other site of trunk, subse
T2139XS	Burn of third degree of other site of trunk, seque
T2140XA	Corrosion of unsp degree of trunk, unsp site, init encntr
T2140XD	Corrosion of unspecified degree of trunk, unspecif
T2140XS	Corrosion of unspecified degree of trunk, unspecif
T2141XA	Corrosion of unspecified degree of chest wall, init encntr
T2141XD	Corrosion of unspecified degree of chest wall, sub
T2141XS	Corrosion of unspecified degree of chest wall, seq
T2142XA	Corrosion of unsp degree of abdominal wall, init encntr
T2142XD	Corrosion of unspecified degree of abdominal wall,
T2142XS	Corrosion of unspecified degree of abdominal wall,
T2143XA	Corrosion of unspecified degree of upper back, init encntr
T2143XD	Corrosion of unspecified degree of upper back, sub
T2143XS	Corrosion of unspecified degree of upper back, seq
T2144XA	Corrosion of unspecified degree of lower back, init encntr
T2144XD	Corrosion of unspecified degree of lower back, sub
T2144XS	Corrosion of unspecified degree of lower back, seq
T2145XA	Corrosion of unspecified degree of buttock, init encntr
T2145XD	Corrosion of unspecified degree of buttock, subseq
T2145XS	Corrosion of unspecified degree of buttock, sequel
T2146XA	Corrosion of unsp degree of male genital region, init encntr
T2146XD	Corrosion of unspecified degree of male genital re
T2146XS	Corrosion of unspecified degree of male genital re
T2147XA	Corrosion of unsp degree of female genital region, init
T2147XD	Corrosion of unspecified degree of female genital
T2147XS	Corrosion of unspecified degree of female genital
T2149XA	Corrosion of unsp degree of other site of trunk, init encntr
T2149XD	Corrosion of unspecified degree of other site of t
T2149XS	Corrosion of unspecified degree of other site of t

ICD-10 Code	Description
T2150XA	Corrosion of first degree of trunk, unsp site, init encntr
T2150XD	Corrosion of first degree of trunk, unspecified si
T2150XS	Corrosion of first degree of trunk, unspecified si
T2151XA	Corrosion of first degree of chest wall, initial encounter
T2151XD	Corrosion of first degree of chest wall, subsequen
T2151XS	Corrosion of first degree of chest wall, sequela
T2152XA	Corrosion of first degree of abdominal wall, init encntr
T2152XD	Corrosion of first degree of abdominal wall, subse
T2152XS	Corrosion of first degree of abdominal wall, seque
T2153XA	Corrosion of first degree of upper back, initial encounter
T2153XD	Corrosion of first degree of upper back, subsequen
T2153XS	Corrosion of first degree of upper back, sequela
T2154XA	Corrosion of first degree of lower back, initial encounter
T2154XD	Corrosion of first degree of lower back, subsequen
T2154XS	Corrosion of first degree of lower back, sequela
T2155XA	Corrosion of first degree of buttock, initial encounter
T2155XD	Corrosion of first degree of buttock, subsequent e
T2155XS	Corrosion of first degree of buttock, sequela
T2156XA	Corrosion of first degree of male genital region, init
T2156XD	Corrosion of first degree of male genital region,
T2156XS	Corrosion of first degree of male genital region,
T2157XA	Corrosion of first degree of female genital region, init
T2157XD	Corrosion of first degree of female genital region
T2157XS	Corrosion of first degree of female genital region
T2159XA	Corrosion of first degree of oth site of trunk, init encntr
T2159XD	Corrosion of first degree of other site of trunk,
T2159XS	Corrosion of first degree of other site of trunk,
T2160XA	Corrosion of second degree of trunk, unsp site, init encntr
T2160XD	Corrosion of second degree of trunk, unspecified s
T2160XS	Corrosion of second degree of trunk, unspecified s
T2161XA	Corrosion of second degree of chest wall, initial encounter
T2161XD	Corrosion of second degree of chest wall, subseque
T2161XS	Corrosion of second degree of chest wall, sequela
T2162XA	Corrosion of second degree of abdominal wall, init encntr
T2162XD	Corrosion of second degree of abdominal wall, subs
T2162XS	Corrosion of second degree of abdominal wall, sequ
T2163XA	Corrosion of second degree of upper back, initial encounter
T2163XD	Corrosion of second degree of upper back, subseque
T2163XS	Corrosion of second degree of upper back, sequela
T2164XA	Corrosion of second degree of lower back, initial encounter
T2164XD	Corrosion of second degree of lower back, subseque
T2164XS	Corrosion of second degree of lower back, sequela
T2165XA	Corrosion of second degree of buttock, initial encounter
T2165XD	Corrosion of second degree of buttock, subsequent
T2165XS	Corrosion of second degree of buttock, sequela
T2166XA	Corrosion of second degree of male genital region, init
T2166XD	Corrosion of second degree of male genital region,
T2166XS	Corrosion of second degree of male genital region,
T2167XA	Corrosion of second degree of female genital region, init
T2167XD	Corrosion of second degree of female genital regio

ICD-10 Code	Description
T2167XS	Corrosion of second degree of female genital regio
T2169XA	Corrosion of second degree of oth site of trunk, init encntr
T2169XD	Corrosion of second degree of other site of trunk,
T2169XS	Corrosion of second degree of other site of trunk,
T2170XA	Corrosion of third degree of trunk, unsp site, init encntr
T2170XD	Corrosion of third degree of trunk, unspecified si
T2170XS	Corrosion of third degree of trunk, unspecified si
T2171XA	Corrosion of third degree of chest wall, initial encounter
T2171XD	Corrosion of third degree of chest wall, subsequen
T2171XS	Corrosion of third degree of chest wall, sequela
T2172XA	Corrosion of third degree of abdominal wall, init encntr
T2172XD	Corrosion of third degree of abdominal wall, subse
T2172XS	Corrosion of third degree of abdominal wall, seque
T2173XA	Corrosion of third degree of upper back, initial encounter
T2173XD	Corrosion of third degree of upper back, subsequen
T2173XS	Corrosion of third degree of upper back, sequela
T2174XA	Corrosion of third degree of lower back, initial encounter
T2174XD	Corrosion of third degree of lower back, subsequen
T2174XS	Corrosion of third degree of lower back, sequela
T2175XA	Corrosion of third degree of buttock, initial encounter
T2175XD	Corrosion of third degree of buttock, subsequent e
T2175XS	Corrosion of third degree of buttock, sequela
T2176XA	Corrosion of third degree of male genital region, init
T2176XD	Corrosion of third degree of male genital region,
T2176XS	Corrosion of third degree of male genital region,
T2177XA	Corrosion of third degree of female genital region, init
T2177XD	Corrosion of third degree of female genital region
T2177XS	Corrosion of third degree of female genital region
T2179XA	Corrosion of third degree of oth site of trunk, init encntr
T2179XD	Corrosion of third degree of other site of trunk,
T2179XS	Corrosion of third degree of other site of trunk,
T2200XA	Burn unsp deg of shldr/up lmb, ex wrs/hnd, unsp site, init
T2200XD	Burn of unspecified degree of shoulder and upper l
T2200XS	Burn of unspecified degree of shoulder and upper l
T22011A	Burn of unspecified degree of right forearm, init encntr
T22011D	Burn of unspecified degree of right forearm, subse
T22011S	Burn of unspecified degree of right forearm, seque
T22012A	Burn of unspecified degree of left forearm, init encntr
T22012D	Burn of unspecified degree of left forearm, subseq
T22012S	Burn of unspecified degree of left forearm, sequel
T22019A	Burn of unsp degree of unspecified forearm, init encntr
T22019D	Burn of unspecified degree of unspecified forearm,
T22019S	Burn of unspecified degree of unspecified forearm,
T22021A	Burn of unspecified degree of right elbow, initial encounter
T22021D	Burn of unspecified degree of right elbow, subsequ
T22021S	Burn of unspecified degree of right elbow, sequela
T22022A	Burn of unspecified degree of left elbow, initial encounter
T22022D	Burn of unspecified degree of left elbow, subseque
T22022S	Burn of unspecified degree of left elbow, sequela
T22029A	Burn of unspecified degree of unspecified elbow, init encntr

ICD-10 Code	Description
T22029D	Burn of unspecified degree of unspecified elbow, s
T22029S	Burn of unspecified degree of unspecified elbow, s
T22031A	Burn of unspecified degree of right upper arm, init encntr
T22031D	Burn of unspecified degree of right upper arm, sub
T22031S	Burn of unspecified degree of right upper arm, seq
T22032A	Burn of unspecified degree of left upper arm, init encntr
T22032D	Burn of unspecified degree of left upper arm, subs
T22032S	Burn of unspecified degree of left upper arm, sequ
T22039A	Burn of unsp degree of unspecified upper arm, init encntr
T22039D	Burn of unspecified degree of unspecified upper ar
T22039S	Burn of unspecified degree of unspecified upper ar
T22041A	Burn of unspecified degree of right axilla, init encntr
T22041D	Burn of unspecified degree of right axilla, subseq
T22041S	Burn of unspecified degree of right axilla, sequel
T22042A	Burn of unspecified degree of left axilla, initial encounter
T22042D	Burn of unspecified degree of left axilla, subsequ
T22042S	Burn of unspecified degree of left axilla, sequela
T22049A	Burn of unsp degree of unspecified axilla, init encntr
T22049D	Burn of unspecified degree of unspecified axilla,
T22049S	Burn of unspecified degree of unspecified axilla,
T22051A	Burn of unspecified degree of right shoulder, init encntr
T22051D	Burn of unspecified degree of right shoulder, subs
T22051S	Burn of unspecified degree of right shoulder, sequ
T22052A	Burn of unspecified degree of left shoulder, init encntr
T22052D	Burn of unspecified degree of left shoulder, subse
T22052S	Burn of unspecified degree of left shoulder, seque
T22059A	Burn of unsp degree of unspecified shoulder, init encntr
T22059D	Burn of unspecified degree of unspecified shoulder
T22059S	Burn of unspecified degree of unspecified shoulder
T22061A	Burn of unsp degree of right scapular region, init encntr
T22061D	Burn of unspecified degree of right scapular regio
T22061S	Burn of unspecified degree of right scapular regio
T22062A	Burn of unsp degree of left scapular region, init encntr
T22062D	Burn of unspecified degree of left scapular region
T22062S	Burn of unspecified degree of left scapular region
T22069A	Burn of unsp degree of unsp scapular region, init encntr
T22069D	Burn of unspecified degree of unspecified scapular
T22069S	Burn of unspecified degree of unspecified scapular
T22091A	Burn unsp deg mult sites of r shldr/up lmb, ex wrs/hnd, init
T22091D	Burn of unspecified degree of multiple sites of ri
T22091S	Burn of unspecified degree of multiple sites of ri
T22092A	Burn unsp deg mult site of l shldr/up lmb, ex wrs/hnd, init
T22092D	Burn of unspecified degree of multiple sites of le
T22092S	Burn of unspecified degree of multiple sites of le
T22099A	Burn unsp deg mult sites of shldr/up lmb, ex wrs/hnd, init
T22099D	Burn of unspecified degree of multiple sites of un
T22099S	Burn of unspecified degree of multiple sites of un
T2210XA	Burn first deg of shldr/up lmb, ex wrs/hnd, unsp site, init
T2210XD	Burn of first degree of shoulder and upper limb, e
T2210XS	Burn of first degree of shoulder and upper limb, e

ICD-10 Code	Description
T22111A	Burn of first degree of right forearm, initial encounter
T22111D	Burn of first degree of right forearm, subsequent
T22111S	Burn of first degree of right forearm, sequela
T22112A	Burn of first degree of left forearm, initial encounter
T22112D	Burn of first degree of left forearm, subsequent e
T22112S	Burn of first degree of left forearm, sequela
T22119A	Burn of first degree of unspecified forearm, init encntr
T22119D	Burn of first degree of unspecified forearm, subse
T22119S	Burn of first degree of unspecified forearm, seque
T22121A	Burn of first degree of right elbow, initial encounter
T22121D	Burn of first degree of right elbow, subsequent en
T22121S	Burn of first degree of right elbow, sequela
T22122A	Burn of first degree of left elbow, initial encounter
T22122D	Burn of first degree of left elbow, subsequent enc
T22122S	Burn of first degree of left elbow, sequela
T22129A	Burn of first degree of unspecified elbow, initial encounter
T22129D	Burn of first degree of unspecified elbow, subsequ
T22129S	Burn of first degree of unspecified elbow, sequela
T22131A	Burn of first degree of right upper arm, initial encounter
T22131D	Burn of first degree of right upper arm, subsequen
T22131S	Burn of first degree of right upper arm, sequela
T22132A	Burn of first degree of left upper arm, initial encounter
T22132D	Burn of first degree of left upper arm, subsequent
T22132S	Burn of first degree of left upper arm, sequela
T22139A	Burn of first degree of unspecified upper arm, init encntr
T22139D	Burn of first degree of unspecified upper arm, sub
T22139S	Burn of first degree of unspecified upper arm, seq
T22141A	Burn of first degree of right axilla, initial encounter
T22141D	Burn of first degree of right axilla, subsequent e
T22141S	Burn of first degree of right axilla, sequela
T22142A	Burn of first degree of left axilla, initial encounter
T22142D	Burn of first degree of left axilla, subsequent en
T22142S	Burn of first degree of left axilla, sequela
T22149A	Burn of first degree of unspecified axilla, init encntr
T22149D	Burn of first degree of unspecified axilla, subseq
T22149S	Burn of first degree of unspecified axilla, sequel
T22151A	Burn of first degree of right shoulder, initial encounter
T22151D	Burn of first degree of right shoulder, subsequent
T22151S	Burn of first degree of right shoulder, sequela
T22152A	Burn of first degree of left shoulder, initial encounter
T22152D	Burn of first degree of left shoulder, subsequent
T22152S	Burn of first degree of left shoulder, sequela
T22159A	Burn of first degree of unspecified shoulder, init encntr
T22159D	Burn of first degree of unspecified shoulder, subs
T22159S	Burn of first degree of unspecified shoulder, sequ
T22161A	Burn of first degree of right scapular region, init encntr
T22161D	Burn of first degree of right scapular region, sub
T22161S	Burn of first degree of right scapular region, seq
T22162A	Burn of first degree of left scapular region, init encntr
T22162D	Burn of first degree of left scapular region, subs

ICD-10 Code	Description
T22162S	Burn of first degree of left scapular region, sequ
T22169A	Burn of first degree of unsp scapular region, init encntr
T22169D	Burn of first degree of unspecified scapular regio
T22169S	Burn of first degree of unspecified scapular regio
T22191A	Burn 1st deg mult sites of r shldr/up lmb, ex wrs/hnd, init
T22191D	Burn of first degree of multiple sites of right sh
T22191S	Burn of first degree of multiple sites of right sh
T22192A	Burn 1st deg mult site of l shldr/up lmb, ex wrs/hnd, init
T22192D	Burn of first degree of multiple sites of left sho
T22192S	Burn of first degree of multiple sites of left sho
T22199A	Burn first deg mult sites of shldr/up lmb, ex wrs/hnd, init
T22199D	Burn of first degree of multiple sites of unspecif
T22199S	Burn of first degree of multiple sites of unspecif
T2220XA	Burn second deg of shldr/up lmb, ex wrs/hnd, unsp site, init
T2220XD	Burn of second degree of shoulder and upper limb,
T2220XS	Burn of second degree of shoulder and upper limb,
T22211A	Burn of second degree of right forearm, initial encounter
T22211D	Burn of second degree of right forearm, subsequent
T22211S	Burn of second degree of right forearm, sequela
T22212A	Burn of second degree of left forearm, initial encounter
T22212D	Burn of second degree of left forearm, subsequent
T22212S	Burn of second degree of left forearm, sequela
T22219A	Burn of second degree of unspecified forearm, init encntr
T22219D	Burn of second degree of unspecified forearm, subs
T22219S	Burn of second degree of unspecified forearm, sequ
T22221A	Burn of second degree of right elbow, initial encounter
T22221D	Burn of second degree of right elbow, subsequent e
T22221S	Burn of second degree of right elbow, sequela
T22222A	Burn of second degree of left elbow, initial encounter
T22222D	Burn of second degree of left elbow, subsequent en
T22222S	Burn of second degree of left elbow, sequela
T22229A	Burn of second degree of unspecified elbow, init encntr
T22229D	Burn of second degree of unspecified elbow, subseq
T22229S	Burn of second degree of unspecified elbow, sequel
T22231A	Burn of second degree of right upper arm, initial encounter
T22231D	Burn of second degree of right upper arm, subseque
T22231S	Burn of second degree of right upper arm, sequela
T22232A	Burn of second degree of left upper arm, initial encounter
T22232D	Burn of second degree of left upper arm, subsequen
T22232S	Burn of second degree of left upper arm, sequela
T22239A	Burn of second degree of unspecified upper arm, init encntr
T22239D	Burn of second degree of unspecified upper arm, su
T22239S	Burn of second degree of unspecified upper arm, se
T22241A	Burn of second degree of right axilla, initial encounter
T22241D	Burn of second degree of right axilla, subsequent
T22241S	Burn of second degree of right axilla, sequela
T22242A	Burn of second degree of left axilla, initial encounter
T22242D	Burn of second degree of left axilla, subsequent e
T22242S	Burn of second degree of left axilla, sequela
T22249A	Burn of second degree of unspecified axilla, init encntr

ICD-10 Code	Description
T22249D	Burn of second degree of unspecified axilla, subse
T22249S	Burn of second degree of unspecified axilla, seque
T22251A	Burn of second degree of right shoulder, initial encounter
T22251D	Burn of second degree of right shoulder, subsequen
T22251S	Burn of second degree of right shoulder, sequela
T22252A	Burn of second degree of left shoulder, initial encounter
T22252D	Burn of second degree of left shoulder, subsequent
T22252S	Burn of second degree of left shoulder, sequela
T22259A	Burn of second degree of unspecified shoulder, init encntr
T22259D	Burn of second degree of unspecified shoulder, sub
T22259S	Burn of second degree of unspecified shoulder, seq
T22261A	Burn of second degree of right scapular region, init encntr
T22261D	Burn of second degree of right scapular region, su
T22261S	Burn of second degree of right scapular region, se
T22262A	Burn of second degree of left scapular region, init encntr
T22262D	Burn of second degree of left scapular region, sub
T22262S	Burn of second degree of left scapular region, seq
T22269A	Burn of second degree of unsp scapular region, init encntr
T22269D	Burn of second degree of unspecified scapular regi
T22269S	Burn of second degree of unspecified scapular regi
T22291A	Burn 2nd deg mul sites of r shldr/up lmb, ex wrs/hnd, init
T22291D	Burn of second degree of multiple sites of right s
T22291S	Burn of second degree of multiple sites of right s
T22292A	Burn 2nd deg mul site of left shldr/up lmb, ex wrs/hnd, init
T22292D	Burn of second degree of multiple sites of left sh
T22292S	Burn of second degree of multiple sites of left sh
T22299A	Burn 2nd deg mul sites of shldr/up lmb, except wrs/hnd, init
T22299D	Burn of second degree of multiple sites of unspeci
T22299S	Burn of second degree of multiple sites of unspeci
T2230XA	Burn third deg of shldr/up lmb, ex wrs/hnd, unsp site, init
T2230XD	Burn of third degree of shoulder and upper limb, e
T2230XS	Burn of third degree of shoulder and upper limb, e
T22311A	Burn of third degree of right forearm, initial encounter
T22311D	Burn of third degree of right forearm, subsequent
T22311S	Burn of third degree of right forearm, sequela
T22312A	Burn of third degree of left forearm, initial encounter
T22312D	Burn of third degree of left forearm, subsequent e
T22312S	Burn of third degree of left forearm, sequela
T22319A	Burn of third degree of unspecified forearm, init encntr
T22319D	Burn of third degree of unspecified forearm, subse
T22319S	Burn of third degree of unspecified forearm, seque
T22321A	Burn of third degree of right elbow, initial encounter
T22321D	Burn of third degree of right elbow, subsequent en
T22321S	Burn of third degree of right elbow, sequela
T22322A	Burn of third degree of left elbow, initial encounter
T22322D	Burn of third degree of left elbow, subsequent enc
T22322S	Burn of third degree of left elbow, sequela
T22329A	Burn of third degree of unspecified elbow, initial encounter
T22329D	Burn of third degree of unspecified elbow, subsequ
T22329S	Burn of third degree of unspecified elbow, sequela

ICD-10 Code	Description
T22331A	Burn of third degree of right upper arm, initial encounter
T22331D	Burn of third degree of right upper arm, subsequen
T22331S	Burn of third degree of right upper arm, sequela
T22332A	Burn of third degree of left upper arm, initial encounter
T22332D	Burn of third degree of left upper arm, subsequent
T22332S	Burn of third degree of left upper arm, sequela
T22339A	Burn of third degree of unspecified upper arm, init encntr
T22339D	Burn of third degree of unspecified upper arm, sub
T22339S	Burn of third degree of unspecified upper arm, seq
T22341A	Burn of third degree of right axilla, initial encounter
T22341D	Burn of third degree of right axilla, subsequent e
T22341S	Burn of third degree of right axilla, sequela
T22342A	Burn of third degree of left axilla, initial encounter
T22342D	Burn of third degree of left axilla, subsequent en
T22342S	Burn of third degree of left axilla, sequela
T22349A	Burn of third degree of unspecified axilla, init encntr
T22349D	Burn of third degree of unspecified axilla, subseq
T22349S	Burn of third degree of unspecified axilla, sequel
T22351A	Burn of third degree of right shoulder, initial encounter
T22351D	Burn of third degree of right shoulder, subsequent
T22351S	Burn of third degree of right shoulder, sequela
T22352A	Burn of third degree of left shoulder, initial encounter
T22352D	Burn of third degree of left shoulder, subsequent
T22352S	Burn of third degree of left shoulder, sequela
T22359A	Burn of third degree of unspecified shoulder, init encntr
T22359D	Burn of third degree of unspecified shoulder, subs
T22359S	Burn of third degree of unspecified shoulder, sequ
T22361A	Burn of third degree of right scapular region, init encntr
T22361D	Burn of third degree of right scapular region, sub
T22361S	Burn of third degree of right scapular region, seq
T22362A	Burn of third degree of left scapular region, init encntr
T22362D	Burn of third degree of left scapular region, subs
T22362S	Burn of third degree of left scapular region, sequ
T22369A	Burn of third degree of unsp scapular region, init encntr
T22369D	Burn of third degree of unspecified scapular regio
T22369S	Burn of third degree of unspecified scapular regio
T22391A	Burn 3rd deg mu sites of r shldr/up lmb, ex wrs/hnd, init
T22391D	Burn of third degree of multiple sites of right sh
T22391S	Burn of third degree of multiple sites of right sh
T22392A	Burn 3rd deg mu sites of left shldr/up lmb, ex wrs/hnd, init
T22392D	Burn of third degree of multiple sites of left sho
T22392S	Burn of third degree of multiple sites of left sho
T22399A	Burn 3rd deg mu sites of shldr/up lmb, except wrs/hnd, init
T22399D	Burn of third degree of multiple sites of unspecif
T22399S	Burn of third degree of multiple sites of unspecif
T2240XA	Corros unsp deg of shldr/up lmb, ex wrs/hnd, unsp site, init
T2240XD	Corrosion of unspecified degree of shoulder and up
T2240XS	Corrosion of unspecified degree of shoulder and up
T22411A	Corrosion of unsp degree of right forearm, init encntr
T22411D	Corrosion of unspecified degree of right forearm,

ICD-10 Code	Description
T22411S	Corrosion of unspecified degree of right forearm,
T22412A	Corrosion of unspecified degree of left forearm, init encntr
T22412D	Corrosion of unspecified degree of left forearm, s
T22412S	Corrosion of unspecified degree of left forearm, s
T22419A	Corrosion of unsp degree of unspecified forearm, init encntr
T22419D	Corrosion of unspecified degree of unspecified for
T22419S	Corrosion of unspecified degree of unspecified for
T22421A	Corrosion of unspecified degree of right elbow, init encntr
T22421D	Corrosion of unspecified degree of right elbow, su
T22421S	Corrosion of unspecified degree of right elbow, se
T22422A	Corrosion of unspecified degree of left elbow, init encntr
T22422D	Corrosion of unspecified degree of left elbow, sub
T22422S	Corrosion of unspecified degree of left elbow, seq
T22429A	Corrosion of unsp degree of unspecified elbow, init encntr
T22429D	Corrosion of unspecified degree of unspecified elb
T22429S	Corrosion of unspecified degree of unspecified elb
T22431A	Corrosion of unsp degree of right upper arm, init encntr
T22431D	Corrosion of unspecified degree of right upper arm
T22431S	Corrosion of unspecified degree of right upper arm
T22432A	Corrosion of unsp degree of left upper arm, init encntr
T22432D	Corrosion of unspecified degree of left upper arm,
T22432S	Corrosion of unspecified degree of left upper arm,
T22439A	Corrosion of unsp degree of unsp upper arm, init encntr
T22439D	Corrosion of unspecified degree of unspecified upp
T22439S	Corrosion of unspecified degree of unspecified upp
T22441A	Corrosion of unspecified degree of right axilla, init encntr
T22441D	Corrosion of unspecified degree of right axilla, s
T22441S	Corrosion of unspecified degree of right axilla, s
T22442A	Corrosion of unspecified degree of left axilla, init encntr
T22442D	Corrosion of unspecified degree of left axilla, su
T22442S	Corrosion of unspecified degree of left axilla, se
T22449A	Corrosion of unsp degree of unspecified axilla, init encntr
T22449D	Corrosion of unspecified degree of unspecified axi
T22449S	Corrosion of unspecified degree of unspecified axi
T22451A	Corrosion of unsp degree of right shoulder, init encntr
T22451D	Corrosion of unspecified degree of right shoulder,
T22451S	Corrosion of unspecified degree of right shoulder,
T22452A	Corrosion of unsp degree of left shoulder, init encntr
T22452D	Corrosion of unspecified degree of left shoulder,
T22452S	Corrosion of unspecified degree of left shoulder,
T22459A	Corrosion of unsp degree of unsp shoulder, init encntr
T22459D	Corrosion of unspecified degree of unspecified sho
T22459S	Corrosion of unspecified degree of unspecified sho
T22461A	Corrosion of unsp degree of right scapular region, init
T22461D	Corrosion of unspecified degree of right scapular
T22461S	Corrosion of unspecified degree of right scapular
T22462A	Corrosion of unsp degree of left scapular region, init
T22462D	Corrosion of unspecified degree of left scapular r
T22462S	Corrosion of unspecified degree of left scapular r
T22469A	Corrosion of unsp degree of unsp scapular region, init

ICD-10 Code	Description
T22469D	Corrosion of unspecified degree of unspecified sca
T22469S	Corrosion of unspecified degree of unspecified sca
T22491A	Corros unsp deg mult site of r shldr/up lmb,ex wrs/hnd, init
T22491D	Corrosion of unspecified degree of multiple sites
T22491S	Corrosion of unspecified degree of multiple sites
T22492A	Corros unsp deg mult site of l shldr/up lmb,ex wrs/hnd, init
T22492D	Corrosion of unspecified degree of multiple sites
T22492S	Corrosion of unspecified degree of multiple sites
T22499A	Corros unsp deg mult sites of shldr/up lmb, ex wrs/hnd, init
T22499D	Corrosion of unspecified degree of multiple sites
T22499S	Corrosion of unspecified degree of multiple sites
T2250XA	Corros first deg of shldr/up lmb, ex wrs/hnd unsp site, init
T2250XD	Corrosion of first degree of shoulder and upper li
T2250XS	Corrosion of first degree of shoulder and upper li
T22511A	Corrosion of first degree of right forearm, init encntr
T22511D	Corrosion of first degree of right forearm, subseq
T22511S	Corrosion of first degree of right forearm, sequel
T22512A	Corrosion of first degree of left forearm, initial encounter
T22512D	Corrosion of first degree of left forearm, subsequ
T22512S	Corrosion of first degree of left forearm, sequela
T22519A	Corrosion of first degree of unsp forearm, init encntr
T22519D	Corrosion of first degree of unspecified forearm,
T22519S	Corrosion of first degree of unspecified forearm,
T22521A	Corrosion of first degree of right elbow, initial encounter
T22521D	Corrosion of first degree of right elbow, subseque
T22521S	Corrosion of first degree of right elbow, sequela
T22522A	Corrosion of first degree of left elbow, initial encounter
T22522D	Corrosion of first degree of left elbow, subsequen
T22522S	Corrosion of first degree of left elbow, sequela
T22529A	Corrosion of first degree of unspecified elbow, init encntr
T22529D	Corrosion of first degree of unspecified elbow, su
T22529S	Corrosion of first degree of unspecified elbow, se
T22531A	Corrosion of first degree of right upper arm, init encntr
T22531D	Corrosion of first degree of right upper arm, subs
T22531S	Corrosion of first degree of right upper arm, sequ
T22532A	Corrosion of first degree of left upper arm, init encntr
T22532D	Corrosion of first degree of left upper arm, subse
T22532S	Corrosion of first degree of left upper arm, seque
T22539A	Corrosion of first degree of unsp upper arm, init encntr
T22539D	Corrosion of first degree of unspecified upper arm
T22539S	Corrosion of first degree of unspecified upper arm
T22541A	Corrosion of first degree of right axilla, initial encounter
T22541D	Corrosion of first degree of right axilla, subsequ
T22541S	Corrosion of first degree of right axilla, sequela
T22542A	Corrosion of first degree of left axilla, initial encounter
T22542D	Corrosion of first degree of left axilla, subseque
T22542S	Corrosion of first degree of left axilla, sequela
T22549A	Corrosion of first degree of unspecified axilla, init encntr
T22549D	Corrosion of first degree of unspecified axilla, s
T22549S	Corrosion of first degree of unspecified axilla, s

ICD-10 Code	Description
T22551A	Corrosion of first degree of right shoulder, init encntr
T22551D	Corrosion of first degree of right shoulder, subse
T22551S	Corrosion of first degree of right shoulder, seque
T22552A	Corrosion of first degree of left shoulder, init encntr
T22552D	Corrosion of first degree of left shoulder, subseq
T22552S	Corrosion of first degree of left shoulder, sequel
T22559A	Corrosion of first degree of unsp shoulder, init encntr
T22559D	Corrosion of first degree of unspecified shoulder,
T22559S	Corrosion of first degree of unspecified shoulder,
T22561A	Corrosion of first degree of right scapular region, init
T22561D	Corrosion of first degree of right scapular region
T22561S	Corrosion of first degree of right scapular region
T22562A	Corrosion of first degree of left scapular region, init
T22562D	Corrosion of first degree of left scapular region,
T22562S	Corrosion of first degree of left scapular region,
T22569A	Corrosion of first degree of unsp scapular region, init
T22569D	Corrosion of first degree of unspecified scapular
T22569S	Corrosion of first degree of unspecified scapular
T22591A	Corros 1st deg mult site of r shldr/up lmb, ex wrs/hnd, init
T22591D	Corrosion of first degree of multiple sites of rig
T22591S	Corrosion of first degree of multiple sites of rig
T22592A	Corros 1st deg mult site of l shldr/up lmb, ex wrs/hnd, init
T22592D	Corrosion of first degree of multiple sites of lef
T22592S	Corrosion of first degree of multiple sites of lef
T22599A	Corros 1st deg mult sites of shldr/up lmb, ex wrs/hnd, init
T22599D	Corrosion of first degree of multiple sites of uns
T22599S	Corrosion of first degree of multiple sites of uns
T2260XA	Corros 2nd deg of shldr/up lmb, ex wrs/hnd, unsp site, init
T2260XD	Corrosion of second degree of shoulder and upper l
T2260XS	Corrosion of second degree of shoulder and upper l
T22611A	Corrosion of second degree of right forearm, init encntr
T22611D	Corrosion of second degree of right forearm, subse
T22611S	Corrosion of second degree of right forearm, seque
T22612A	Corrosion of second degree of left forearm, init encntr
T22612D	Corrosion of second degree of left forearm, subseq
T22612S	Corrosion of second degree of left forearm, sequel
T22619A	Corrosion of second degree of unsp forearm, init encntr
T22619D	Corrosion of second degree of unspecified forearm,
T22619S	Corrosion of second degree of unspecified forearm,
T22621A	Corrosion of second degree of right elbow, initial encounter
T22621D	Corrosion of second degree of right elbow, subsequ
T22621S	Corrosion of second degree of right elbow, sequela
T22622A	Corrosion of second degree of left elbow, initial encounter
T22622D	Corrosion of second degree of left elbow, subseque
T22622S	Corrosion of second degree of left elbow, sequela
T22629A	Corrosion of second degree of unspecified elbow, init encntr
T22629D	Corrosion of second degree of unspecified elbow, s
T22629S	Corrosion of second degree of unspecified elbow, s
T22631A	Corrosion of second degree of right upper arm, init encntr
T22631D	Corrosion of second degree of right upper arm, sub

ICD-10 Code	Description
T22631S	Corrosion of second degree of right upper arm, seq
T22632A	Corrosion of second degree of left upper arm, init encntr
T22632D	Corrosion of second degree of left upper arm, subs
T22632S	Corrosion of second degree of left upper arm, sequ
T22639A	Corrosion of second degree of unsp upper arm, init encntr
T22639D	Corrosion of second degree of unspecified upper ar
T22639S	Corrosion of second degree of unspecified upper ar
T22641A	Corrosion of second degree of right axilla, init encntr
T22641D	Corrosion of second degree of right axilla, subseq
T22641S	Corrosion of second degree of right axilla, sequel
T22642A	Corrosion of second degree of left axilla, initial encounter
T22642D	Corrosion of second degree of left axilla, subsequ
T22642S	Corrosion of second degree of left axilla, sequela
T22649A	Corrosion of second degree of unsp axilla, init encntr
T22649D	Corrosion of second degree of unspecified axilla,
T22649S	Corrosion of second degree of unspecified axilla,
T22651A	Corrosion of second degree of right shoulder, init encntr
T22651D	Corrosion of second degree of right shoulder, subs
T22651S	Corrosion of second degree of right shoulder, sequ
T22652A	Corrosion of second degree of left shoulder, init encntr
T22652D	Corrosion of second degree of left shoulder, subse
T22652S	Corrosion of second degree of left shoulder, seque
T22659A	Corrosion of second degree of unsp shoulder, init encntr
T22659D	Corrosion of second degree of unspecified shoulder
T22659S	Corrosion of second degree of unspecified shoulder
T22661A	Corrosion of second degree of right scapular region, init
T22661D	Corrosion of second degree of right scapular regio
T22661S	Corrosion of second degree of right scapular regio
T22662A	Corrosion of second degree of left scapular region, init
T22662D	Corrosion of second degree of left scapular region
T22662S	Corrosion of second degree of left scapular region
T22669A	Corrosion of second degree of unsp scapular region, init
T22669D	Corrosion of second degree of unspecified scapular
T22669S	Corrosion of second degree of unspecified scapular
T22691A	Corros 2nd deg mul sites of r shldr/up lmb, ex wrs/hnd, init
T22691D	Corrosion of second degree of multiple sites of ri
T22691S	Corrosion of second degree of multiple sites of ri
T22692A	Corros 2nd deg mul site of l shldr/up lmb, ex wrs/hnd, init
T22692D	Corrosion of second degree of multiple sites of le
T22692S	Corrosion of second degree of multiple sites of le
T22699A	Corros 2nd deg mul sites of shldr/up lmb, ex wrs/hnd, init
T22699D	Corrosion of second degree of multiple sites of un
T22699S	Corrosion of second degree of multiple sites of un
T2270XA	Corros 3rd deg of shldr/up lmb, ex wrs/hnd, unsp site, init
T2270XD	Corrosion of third degree of shoulder and upper li
T2270XS	Corrosion of third degree of shoulder and upper li
T22711A	Corrosion of third degree of right forearm, init encntr
T22711D	Corrosion of third degree of right forearm, subseq
T22711S	Corrosion of third degree of right forearm, sequel
T22712A	Corrosion of third degree of left forearm, initial encounter

ICD-10 Code	Description
T22712D	Corrosion of third degree of left forearm, subsequ
T22712S	Corrosion of third degree of left forearm, sequela
T22719A	Corrosion of third degree of unsp forearm, init encntr
T22719D	Corrosion of third degree of unspecified forearm,
T22719S	Corrosion of third degree of unspecified forearm,
T22721A	Corrosion of third degree of right elbow, initial encounter
T22721D	Corrosion of third degree of right elbow, subseque
T22721S	Corrosion of third degree of right elbow, sequela
T22722A	Corrosion of third degree of left elbow, initial encounter
T22722D	Corrosion of third degree of left elbow, subsequen
T22722S	Corrosion of third degree of left elbow, sequela
T22729A	Corrosion of third degree of unspecified elbow, init encntr
T22729D	Corrosion of third degree of unspecified elbow, su
T22729S	Corrosion of third degree of unspecified elbow, se
T22731A	Corrosion of third degree of right upper arm, init encntr
T22731D	Corrosion of third degree of right upper arm, subs
T22731S	Corrosion of third degree of right upper arm, sequ
T22732A	Corrosion of third degree of left upper arm, init encntr
T22732D	Corrosion of third degree of left upper arm, subse
T22732S	Corrosion of third degree of left upper arm, seque
T22739A	Corrosion of third degree of unsp upper arm, init encntr
T22739D	Corrosion of third degree of unspecified upper arm
T22739S	Corrosion of third degree of unspecified upper arm
T22741A	Corrosion of third degree of right axilla, initial encounter
T22741D	Corrosion of third degree of right axilla, subsequ
T22741S	Corrosion of third degree of right axilla, sequela
T22742A	Corrosion of third degree of left axilla, initial encounter
T22742D	Corrosion of third degree of left axilla, subseque
T22742S	Corrosion of third degree of left axilla, sequela
T22749A	Corrosion of third degree of unspecified axilla, init encntr
T22749D	Corrosion of third degree of unspecified axilla, s
T22749S	Corrosion of third degree of unspecified axilla, s
T22751A	Corrosion of third degree of right shoulder, init encntr
T22751D	Corrosion of third degree of right shoulder, subse
T22751S	Corrosion of third degree of right shoulder, seque
T22752A	Corrosion of third degree of left shoulder, init encntr
T22752D	Corrosion of third degree of left shoulder, subseq
T22752S	Corrosion of third degree of left shoulder, sequel
T22759A	Corrosion of third degree of unsp shoulder, init encntr
T22759D	Corrosion of third degree of unspecified shoulder,
T22759S	Corrosion of third degree of unspecified shoulder,
T22761A	Corrosion of third degree of right scapular region, init
T22761D	Corrosion of third degree of right scapular region
T22761S	Corrosion of third degree of right scapular region
T22762A	Corrosion of third degree of left scapular region, init
T22762D	Corrosion of third degree of left scapular region,
T22762S	Corrosion of third degree of left scapular region,
T22769A	Corrosion of third degree of unsp scapular region, init
T22769D	Corrosion of third degree of unspecified scapular
T22769S	Corrosion of third degree of unspecified scapular

ICD-10 Code	Description
T22791A	Corros 3rd deg mu sites of r shldr/up lmb, ex wrs/hnd, init
T22791D	Corrosion of third degree of multiple sites of rig
T22791S	Corrosion of third degree of multiple sites of rig
T22792A	Corros 3rd deg mu site of l shldr/up lmb, ex wrs/hnd, init
T22792D	Corrosion of third degree of multiple sites of lef
T22792S	Corrosion of third degree of multiple sites of lef
T22799A	Corros 3rd deg mu sites of shldr/up lmb, ex wrs/hnd, init
T22799D	Corrosion of third degree of multiple sites of uns
T22799S	Corrosion of third degree of multiple sites of uns
T23001A	Burn of unsp degree of right hand, unsp site, init encntr
T23001D	Burn of unspecified degree of right hand, unspecif
T23001S	Burn of unspecified degree of right hand, unspecif
T23002A	Burn of unsp degree of left hand, unsp site, init encntr
T23002D	Burn of unspecified degree of left hand, unspecifi
T23002S	Burn of unspecified degree of left hand, unspecifi
T23009A	Burn of unsp degree of unsp hand, unsp site, init encntr
T23009D	Burn of unspecified degree of unspecified hand, un
T23009S	Burn of unspecified degree of unspecified hand, un
T23011A	Burn of unsp degree of right thumb (nail), init encntr
T23011D	Burn of unspecified degree of right thumb (nail),
T23011S	Burn of unspecified degree of right thumb (nail),
T23012A	Burn of unspecified degree of left thumb (nail), init encntr
T23012D	Burn of unspecified degree of left thumb (nail), s
T23012S	Burn of unspecified degree of left thumb (nail), s
T23019A	Burn of unsp degree of unspecified thumb (nail), init encntr
T23019D	Burn of unspecified degree of unspecified thumb (n
T23019S	Burn of unspecified degree of unspecified thumb (n
T23021A	Burn unsp degree of single r finger except thumb, init
T23021D	Burn of unspecified degree of single right finger
T23021S	Burn of unspecified degree of single right finger
T23022A	Burn unsp degree of single l finger except thumb, init
T23022D	Burn of unspecified degree of single left finger (
T23022S	Burn of unspecified degree of single left finger (
T23029A	Burn unsp degree of unsp single finger except thumb, init
T23029D	Burn of unspecified degree of unspecified single f
T23029S	Burn of unspecified degree of unspecified single f
T23031A	Burn unsp deg mult right fingers (nail), not inc thumb, init
T23031D	Burn of unspecified degree of multiple right finge
T23031S	Burn of unspecified degree of multiple right finge
T23032A	Burn unsp deg mult left fingers (nail), not inc thumb, init
T23032D	Burn of unspecified degree of multiple left finger
T23032S	Burn of unspecified degree of multiple left finger
T23039A	Burn unsp degree of unsp mult fngr, not inc thumb, init
T23039D	Burn of unspecified degree of unspecified multiple
T23039S	Burn of unspecified degree of unspecified multiple
T23041A	Burn of unsp deg mult right fingers (nail), inc thumb, init
T23041D	Burn of unspecified degree of multiple right finge
T23041S	Burn of unspecified degree of multiple right finge
T23042A	Burn of unsp deg mult left fingers (nail), inc thumb, init
T23042D	Burn of unspecified degree of multiple left finger

ICD-10 Code	Description
T23042S	Burn of unspecified degree of multiple left finger
T23049A	Burn unsp degree of unsp mult fngr (nail), inc thumb, init
T23049D	Burn of unspecified degree of unspecified multiple
T23049S	Burn of unspecified degree of unspecified multiple
T23051A	Burn of unspecified degree of right palm, initial encounter
T23051D	Burn of unspecified degree of right palm, subseque
T23051S	Burn of unspecified degree of right palm, sequela
T23052A	Burn of unspecified degree of left palm, initial encounter
T23052D	Burn of unspecified degree of left palm, subsequen
T23052S	Burn of unspecified degree of left palm, sequela
T23059A	Burn of unspecified degree of unspecified palm, init encntr
T23059D	Burn of unspecified degree of unspecified palm, su
T23059S	Burn of unspecified degree of unspecified palm, se
T23061A	Burn of unsp degree of back of right hand, init encntr
T23061D	Burn of unspecified degree of back of right hand,
T23061S	Burn of unspecified degree of back of right hand,
T23062A	Burn of unspecified degree of back of left hand, init encntr
T23062D	Burn of unspecified degree of back of left hand, s
T23062S	Burn of unspecified degree of back of left hand, s
T23069A	Burn of unsp degree of back of unspecified hand, init encntr
T23069D	Burn of unspecified degree of back of unspecified
T23069S	Burn of unspecified degree of back of unspecified
T23071A	Burn of unspecified degree of right wrist, initial encounter
T23071D	Burn of unspecified degree of right wrist, subsequ
T23071S	Burn of unspecified degree of right wrist, sequela
T23072A	Burn of unspecified degree of left wrist, initial encounter
T23072D	Burn of unspecified degree of left wrist, subseque
T23072S	Burn of unspecified degree of left wrist, sequela
T23079A	Burn of unspecified degree of unspecified wrist, init encntr
T23079D	Burn of unspecified degree of unspecified wrist, s
T23079S	Burn of unspecified degree of unspecified wrist, s
T23091A	Burn of unsp deg mult sites of right wrist and hand, init
T23091D	Burn of unspecified degree of multiple sites of ri
T23091S	Burn of unspecified degree of multiple sites of ri
T23092A	Burn of unsp deg mult sites of left wrist and hand, init
T23092D	Burn of unspecified degree of multiple sites of le
T23092S	Burn of unspecified degree of multiple sites of le
T23099A	Burn of unsp deg mult sites of unsp wrist and hand, init
T23099D	Burn of unspecified degree of multiple sites of un
T23099S	Burn of unspecified degree of multiple sites of un
T23101A	Burn of first degree of right hand, unsp site, init encntr
T23101D	Burn of first degree of right hand, unspecified si
T23101S	Burn of first degree of right hand, unspecified si
T23102A	Burn of first degree of left hand, unsp site, init encntr
T23102D	Burn of first degree of left hand, unspecified sit
T23102S	Burn of first degree of left hand, unspecified sit
T23109A	Burn of first degree of unsp hand, unsp site, init encntr
T23109D	Burn of first degree of unspecified hand, unspecif
T23109S	Burn of first degree of unspecified hand, unspecif
T23111A	Burn of first degree of right thumb (nail), init encntr

ICD-10 Code	Description
T23111D	Burn of first degree of right thumb (nail), subseq
T23111S	Burn of first degree of right thumb (nail), sequel
T23112A	Burn of first degree of left thumb (nail), initial encounter
T23112D	Burn of first degree of left thumb (nail), subsequ
T23112S	Burn of first degree of left thumb (nail), sequela
T23119A	Burn of first degree of unsp thumb (nail), init encntr
T23119D	Burn of first degree of unspecified thumb (nail),
T23119S	Burn of first degree of unspecified thumb (nail),
T23121A	Burn first degree of single r finger except thumb, init
T23121D	Burn of first degree of single right finger (nail)
T23121S	Burn of first degree of single right finger (nail)
T23122A	Burn first degree of single l finger except thumb, init
T23122D	Burn of first degree of single left finger (nail)
T23122S	Burn of first degree of single left finger (nail)
T23129A	Burn first degree of unsp single finger except thumb, init
T23129D	Burn of first degree of unspecified single finger
T23129S	Burn of first degree of unspecified single finger
T23131A	Burn first deg mult right fngr (nail), not inc thumb, init
T23131D	Burn of first degree of multiple right fingers (na
T23131S	Burn of first degree of multiple right fingers (na
T23132A	Burn first deg mult left fingers (nail), not inc thumb, init
T23132D	Burn of first degree of multiple left fingers (nai
T23132S	Burn of first degree of multiple left fingers (nai
T23139A	Burn first degree of unsp mult fngr, not inc thumb, init
T23139D	Burn of first degree of unspecified multiple finge
T23139S	Burn of first degree of unspecified multiple finge
T23141A	Burn of first deg mult right fingers (nail), inc thumb, init
T23141D	Burn of first degree of multiple right fingers (na
T23141S	Burn of first degree of multiple right fingers (na
T23142A	Burn of first deg mult left fingers (nail), inc thumb, init
T23142D	Burn of first degree of multiple left fingers (nai
T23142S	Burn of first degree of multiple left fingers (nai
T23149A	Burn first degree of unsp mult fngr (nail), inc thumb, init
T23149D	Burn of first degree of unspecified multiple finge
T23149S	Burn of first degree of unspecified multiple finge
T23151A	Burn of first degree of right palm, initial encounter
T23151D	Burn of first degree of right palm, subsequent enc
T23151S	Burn of first degree of right palm, sequela
T23152A	Burn of first degree of left palm, initial encounter
T23152D	Burn of first degree of left palm, subsequent enco
T23152S	Burn of first degree of left palm, sequela
T23159A	Burn of first degree of unspecified palm, initial encounter
T23159D	Burn of first degree of unspecified palm, subseque
T23159S	Burn of first degree of unspecified palm, sequela
T23161A	Burn of first degree of back of right hand, init encntr
T23161D	Burn of first degree of back of right hand, subseq
T23161S	Burn of first degree of back of right hand, sequel
T23162A	Burn of first degree of back of left hand, initial encounter
T23162D	Burn of first degree of back of left hand, subsequ
T23162S	Burn of first degree of back of left hand, sequela

ICD-10 Code	Description
T23169A	Burn of first degree of back of unsp hand, init encntr
T23169D	Burn of first degree of back of unspecified hand,
T23169S	Burn of first degree of back of unspecified hand,
T23171A	Burn of first degree of right wrist, initial encounter
T23171D	Burn of first degree of right wrist, subsequent en
T23171S	Burn of first degree of right wrist, sequela
T23172A	Burn of first degree of left wrist, initial encounter
T23172D	Burn of first degree of left wrist, subsequent enc
T23172S	Burn of first degree of left wrist, sequela
T23179A	Burn of first degree of unspecified wrist, initial encounter
T23179D	Burn of first degree of unspecified wrist, subsequ
T23179S	Burn of first degree of unspecified wrist, sequela
T23191A	Burn of first deg mult sites of right wrist and hand, init
T23191D	Burn of first degree of multiple sites of right wr
T23191S	Burn of first degree of multiple sites of right wr
T23192A	Burn of first deg mult sites of left wrist and hand, init
T23192D	Burn of first degree of multiple sites of left wri
T23192S	Burn of first degree of multiple sites of left wri
T23199A	Burn of first deg mult sites of unsp wrist and hand, init
T23199D	Burn of first degree of multiple sites of unspecif
T23199S	Burn of first degree of multiple sites of unspecif
T23201A	Burn of second degree of right hand, unsp site, init encntr
T23201D	Burn of second degree of right hand, unspecified s
T23201S	Burn of second degree of right hand, unspecified s
T23202A	Burn of second degree of left hand, unsp site, init encntr
T23202D	Burn of second degree of left hand, unspecified si
T23202S	Burn of second degree of left hand, unspecified si
T23209A	Burn of second degree of unsp hand, unsp site, init encntr
T23209D	Burn of second degree of unspecified hand, unspeci
T23209S	Burn of second degree of unspecified hand, unspeci
T23211A	Burn of second degree of right thumb (nail), init encntr
T23211D	Burn of second degree of right thumb (nail), subse
T23211S	Burn of second degree of right thumb (nail), seque
T23212A	Burn of second degree of left thumb (nail), init encntr
T23212D	Burn of second degree of left thumb (nail), subseq
T23212S	Burn of second degree of left thumb (nail), sequel
T23219A	Burn of second degree of unsp thumb (nail), init encntr
T23219D	Burn of second degree of unspecified thumb (nail),
T23219S	Burn of second degree of unspecified thumb (nail),
T23221A	Burn second degree of single r finger except thumb, init
T23221D	Burn of second degree of single right finger (nail
T23221S	Burn of second degree of single right finger (nail
T23222A	Burn second degree of single l finger except thumb, init
T23222D	Burn of second degree of single left finger (nail)
T23222S	Burn of second degree of single left finger (nail)
T23229A	Burn second degree of unsp single finger except thumb, init
T23229D	Burn of second degree of unspecified single finger
T23229S	Burn of second degree of unspecified single finger
T23231A	Burn 2nd deg mul right fingers (nail), not inc thumb, init
T23231D	Burn of second degree of multiple right fingers (n

ICD-10 Code	Description
T23231S	Burn of second degree of multiple right fingers (n
T23232A	Burn of 2nd deg mul left fingers (nail), not inc thumb, init
T23232D	Burn of second degree of multiple left fingers (na
T23232S	Burn of second degree of multiple left fingers (na
T23239A	Burn second degree of unsp mult fngr, not inc thumb, init
T23239D	Burn of second degree of unspecified multiple fing
T23239S	Burn of second degree of unspecified multiple fing
T23241A	Burn of 2nd deg mul right fingers (nail), inc thumb, init
T23241D	Burn of second degree of multiple right fingers (n
T23241S	Burn of second degree of multiple right fingers (n
T23242A	Burn of 2nd deg mul left fingers (nail), inc thumb, init
T23242D	Burn of second degree of multiple left fingers (na
T23242S	Burn of second degree of multiple left fingers (na
T23249A	Burn second degree of unsp mult fngr (nail), inc thumb, init
T23249D	Burn of second degree of unspecified multiple fing
T23249S	Burn of second degree of unspecified multiple fing
T23251A	Burn of second degree of right palm, initial encounter
T23251D	Burn of second degree of right palm, subsequent en
T23251S	Burn of second degree of right palm, sequela
T23252A	Burn of second degree of left palm, initial encounter
T23252D	Burn of second degree of left palm, subsequent enc
T23252S	Burn of second degree of left palm, sequela
T23259A	Burn of second degree of unspecified palm, initial encounter
T23259D	Burn of second degree of unspecified palm, subsequ
T23259S	Burn of second degree of unspecified palm, sequela
T23261A	Burn of second degree of back of right hand, init encntr
T23261D	Burn of second degree of back of right hand, subse
T23261S	Burn of second degree of back of right hand, seque
T23262A	Burn of second degree of back of left hand, init encntr
T23262D	Burn of second degree of back of left hand, subseq
T23262S	Burn of second degree of back of left hand, sequel
T23269A	Burn of second degree of back of unsp hand, init encntr
T23269D	Burn of second degree of back of unspecified hand,
T23269S	Burn of second degree of back of unspecified hand,
T23271A	Burn of second degree of right wrist, initial encounter
T23271D	Burn of second degree of right wrist, subsequent e
T23271S	Burn of second degree of right wrist, sequela
T23272A	Burn of second degree of left wrist, initial encounter
T23272D	Burn of second degree of left wrist, subsequent en
T23272S	Burn of second degree of left wrist, sequela
T23279A	Burn of second degree of unspecified wrist, init encntr
T23279D	Burn of second degree of unspecified wrist, subseq
T23279S	Burn of second degree of unspecified wrist, sequel
T23291A	Burn of 2nd deg mul sites of right wrist and hand, init
T23291D	Burn of second degree of multiple sites of right w
T23291S	Burn of second degree of multiple sites of right w
T23292A	Burn of 2nd deg mul sites of left wrist and hand, init
T23292D	Burn of second degree of multiple sites of left wr
T23292S	Burn of second degree of multiple sites of left wr
T23299A	Burn of 2nd deg mul sites of unsp wrist and hand, init

ICD-10 Code	Description
T23299D	Burn of second degree of multiple sites of unspeci
T23299S	Burn of second degree of multiple sites of unspeci
T23301A	Burn of third degree of right hand, unsp site, init encntr
T23301D	Burn of third degree of right hand, unspecified si
T23301S	Burn of third degree of right hand, unspecified si
T23302A	Burn of third degree of left hand, unsp site, init encntr
T23302D	Burn of third degree of left hand, unspecified sit
T23302S	Burn of third degree of left hand, unspecified sit
T23309A	Burn of third degree of unsp hand, unsp site, init encntr
T23309D	Burn of third degree of unspecified hand, unspecif
T23309S	Burn of third degree of unspecified hand, unspecif
T23311A	Burn of third degree of right thumb (nail), init encntr
T23311D	Burn of third degree of right thumb (nail), subseq
T23311S	Burn of third degree of right thumb (nail), sequel
T23312A	Burn of third degree of left thumb (nail), initial encounter
T23312D	Burn of third degree of left thumb (nail), subsequ
T23312S	Burn of third degree of left thumb (nail), sequela
T23319A	Burn of third degree of unsp thumb (nail), init encntr
T23319D	Burn of third degree of unspecified thumb (nail),
T23319S	Burn of third degree of unspecified thumb (nail),
T23321A	Burn third degree of single r finger except thumb, init
T23321D	Burn of third degree of single right finger (nail)
T23321S	Burn of third degree of single right finger (nail)
T23322A	Burn third degree of single l finger except thumb, init
T23322D	Burn of third degree of single left finger (nail)
T23322S	Burn of third degree of single left finger (nail)
T23329A	Burn third degree of unsp single finger except thumb, init
T23329D	Burn of third degree of unspecified single finger
T23329S	Burn of third degree of unspecified single finger
T23331A	Burn of 3rd deg mu right fingers (nail), not inc thumb, init
T23331D	Burn of third degree of multiple right fingers (na
T23331S	Burn of third degree of multiple right fingers (na
T23332A	Burn of 3rd deg mu left fingers (nail), not inc thumb, init
T23332D	Burn of third degree of multiple left fingers (nai
T23332S	Burn of third degree of multiple left fingers (nai
T23339A	Burn third degree of unsp mult fngr, not inc thumb, init
T23339D	Burn of third degree of unspecified multiple finge
T23339S	Burn of third degree of unspecified multiple finge
T23341A	Burn of 3rd deg mu right fingers (nail), inc thumb, init
T23341D	Burn of third degree of multiple right fingers (na
T23341S	Burn of third degree of multiple right fingers (na
T23342A	Burn of 3rd deg mu left fingers (nail), inc thumb, init
T23342D	Burn of third degree of multiple left fingers (nai
T23342S	Burn of third degree of multiple left fingers (nai
T23349A	Burn third degree of unsp mult fngr (nail), inc thumb, init
T23349D	Burn of third degree of unspecified multiple finge
T23349S	Burn of third degree of unspecified multiple finge
T23351A	Burn of third degree of right palm, initial encounter
T23351D	Burn of third degree of right palm, subsequent enc
T23351S	Burn of third degree of right palm, sequela

ICD-10 Code	Description
T23352A	Burn of third degree of left palm, initial encounter
T23352D	Burn of third degree of left palm, subsequent enco
T23352S	Burn of third degree of left palm, sequela
T23359A	Burn of third degree of unspecified palm, initial encounter
T23359D	Burn of third degree of unspecified palm, subseque
T23359S	Burn of third degree of unspecified palm, sequela
T23361A	Burn of third degree of back of right hand, init encntr
T23361D	Burn of third degree of back of right hand, subseq
T23361S	Burn of third degree of back of right hand, sequel
T23362A	Burn of third degree of back of left hand, initial encounter
T23362D	Burn of third degree of back of left hand, subsequ
T23362S	Burn of third degree of back of left hand, sequela
T23369A	Burn of third degree of back of unsp hand, init encntr
T23369D	Burn of third degree of back of unspecified hand,
T23369S	Burn of third degree of back of unspecified hand,
T23371A	Burn of third degree of right wrist, initial encounter
T23371D	Burn of third degree of right wrist, subsequent en
T23371S	Burn of third degree of right wrist, sequela
T23372A	Burn of third degree of left wrist, initial encounter
T23372D	Burn of third degree of left wrist, subsequent enc
T23372S	Burn of third degree of left wrist, sequela
T23379A	Burn of third degree of unspecified wrist, initial encounter
T23379D	Burn of third degree of unspecified wrist, subsequ
T23379S	Burn of third degree of unspecified wrist, sequela
T23391A	Burn of 3rd deg mu sites of right wrist and hand, init
T23391D	Burn of third degree of multiple sites of right wr
T23391S	Burn of third degree of multiple sites of right wr
T23392A	Burn of 3rd deg mu sites of left wrist and hand, init
T23392D	Burn of third degree of multiple sites of left wri
T23392S	Burn of third degree of multiple sites of left wri
T23399A	Burn of 3rd deg mu sites of unsp wrist and hand, init
T23399D	Burn of third degree of multiple sites of unspecif
T23399S	Burn of third degree of multiple sites of unspecif
T23401A	Corrosion of unsp degree of right hand, unsp site, init
T23401D	Corrosion of unspecified degree of right hand, uns
T23401S	Corrosion of unspecified degree of right hand, uns
T23402A	Corrosion of unsp degree of left hand, unsp site, init
T23402D	Corrosion of unspecified degree of left hand, unsp
T23402S	Corrosion of unspecified degree of left hand, unsp
T23409A	Corrosion of unsp degree of unsp hand, unsp site, init
T23409D	Corrosion of unspecified degree of unspecified han
T23409S	Corrosion of unspecified degree of unspecified han
T23411A	Corrosion of unsp degree of right thumb (nail), init encntr
T23411D	Corrosion of unspecified degree of right thumb (na
T23411S	Corrosion of unspecified degree of right thumb (na
T23412A	Corrosion of unsp degree of left thumb (nail), init encntr
T23412D	Corrosion of unspecified degree of left thumb (nai
T23412S	Corrosion of unspecified degree of left thumb (nai
T23419A	Corrosion of unsp degree of unsp thumb (nail), init encntr
T23419D	Corrosion of unspecified degree of unspecified thu

ICD-10 Code	Description
T23419S	Corrosion of unspecified degree of unspecified thu
T23421A	Corros unsp degree of single r finger except thumb, init
T23421D	Corrosion of unspecified degree of single right fi
T23421S	Corrosion of unspecified degree of single right fi
T23422A	Corros unsp degree of single l finger except thumb, init
T23422D	Corrosion of unspecified degree of single left fin
T23422S	Corrosion of unspecified degree of single left fin
T23429A	Corros unsp degree of unsp single finger except thumb, init
T23429D	Corrosion of unspecified degree of unspecified sin
T23429S	Corrosion of unspecified degree of unspecified sin
T23431A	Corros unsp deg mult right fngr (nail), not inc thumb, init
T23431D	Corrosion of unspecified degree of multiple right
T23431S	Corrosion of unspecified degree of multiple right
T23432A	Corros unsp deg mult left fngr (nail), not inc thumb, init
T23432D	Corrosion of unspecified degree of multiple left f
T23432S	Corrosion of unspecified degree of multiple left f
T23439A	Corros unsp degree of unsp mult fngr, not inc thumb, init
T23439D	Corrosion of unspecified degree of unspecified mul
T23439S	Corrosion of unspecified degree of unspecified mul
T23441A	Corros unsp deg mult right fingers (nail), inc thumb, init
T23441D	Corrosion of unspecified degree of multiple right
T23441S	Corrosion of unspecified degree of multiple right
T23442A	Corros unsp deg mult left fingers (nail), inc thumb, init
T23442D	Corrosion of unspecified degree of multiple left f
T23442S	Corrosion of unspecified degree of multiple left f
T23449A	Corros unsp degree of unsp mult fngr (nail), inc thumb, init
T23449D	Corrosion of unspecified degree of unspecified mul
T23449S	Corrosion of unspecified degree of unspecified mul
T23451A	Corrosion of unspecified degree of right palm, init encntr
T23451D	Corrosion of unspecified degree of right palm, sub
T23451S	Corrosion of unspecified degree of right palm, seq
T23452A	Corrosion of unspecified degree of left palm, init encntr
T23452D	Corrosion of unspecified degree of left palm, subs
T23452S	Corrosion of unspecified degree of left palm, sequ
T23459A	Corrosion of unsp degree of unspecified palm, init encntr
T23459D	Corrosion of unspecified degree of unspecified pal
T23459S	Corrosion of unspecified degree of unspecified pal
T23461A	Corrosion of unsp degree of back of right hand, init encntr
T23461D	Corrosion of unspecified degree of back of right h
T23461S	Corrosion of unspecified degree of back of right h
T23462A	Corrosion of unsp degree of back of left hand, init encntr
T23462D	Corrosion of unspecified degree of back of left ha
T23462S	Corrosion of unspecified degree of back of left ha
T23469A	Corrosion of unsp degree of back of unsp hand, init encntr
T23469D	Corrosion of unspecified degree of back of unspeci
T23469S	Corrosion of unspecified degree of back of unspeci
T23471A	Corrosion of unspecified degree of right wrist, init encntr
T23471D	Corrosion of unspecified degree of right wrist, su
T23471S	Corrosion of unspecified degree of right wrist, se
T23472A	Corrosion of unspecified degree of left wrist, init encntr

ICD-10 Code	Description
T23472D	Corrosion of unspecified degree of left wrist, sub
T23472S	Corrosion of unspecified degree of left wrist, seq
T23479A	Corrosion of unsp degree of unspecified wrist, init encntr
T23479D	Corrosion of unspecified degree of unspecified wri
T23479S	Corrosion of unspecified degree of unspecified wri
T23491A	Corrosion of unsp deg mult sites of right wrs/hnd, init
T23491D	Corrosion of unspecified degree of multiple sites
T23491S	Corrosion of unspecified degree of multiple sites
T23492A	Corrosion of unsp deg mult sites of left wrs/hnd, init
T23492D	Corrosion of unspecified degree of multiple sites
T23492S	Corrosion of unspecified degree of multiple sites
T23499A	Corrosion of unsp deg mult sites of unsp wrs/hnd, init
T23499D	Corrosion of unspecified degree of multiple sites
T23499S	Corrosion of unspecified degree of multiple sites
T23501A	Corrosion of first degree of right hand, unsp site, init
T23501D	Corrosion of first degree of right hand, unspecifi
T23501S	Corrosion of first degree of right hand, unspecifi
T23502A	Corrosion of first degree of left hand, unsp site, init
T23502D	Corrosion of first degree of left hand, unspecifie
T23502S	Corrosion of first degree of left hand, unspecifie
T23509A	Corrosion of first degree of unsp hand, unsp site, init
T23509D	Corrosion of first degree of unspecified hand, uns
T23509S	Corrosion of first degree of unspecified hand, uns
T23511A	Corrosion of first degree of right thumb (nail), init encntr
T23511D	Corrosion of first degree of right thumb (nail), s
T23511S	Corrosion of first degree of right thumb (nail), s
T23512A	Corrosion of first degree of left thumb (nail), init encntr
T23512D	Corrosion of first degree of left thumb (nail), su
T23512S	Corrosion of first degree of left thumb (nail), se
T23519A	Corrosion of first degree of unsp thumb (nail), init encntr
T23519D	Corrosion of first degree of unspecified thumb (na
T23519S	Corrosion of first degree of unspecified thumb (na
T23521A	Corros first degree of single r finger except thumb, init
T23521D	Corrosion of first degree of single right finger (
T23521S	Corrosion of first degree of single right finger (
T23522A	Corros first degree of single l finger except thumb, init
T23522D	Corrosion of first degree of single left finger (n
T23522S	Corrosion of first degree of single left finger (n
T23529A	Corros first degree of unsp single finger except thumb, init
T23529D	Corrosion of first degree of unspecified single fi
T23529S	Corrosion of first degree of unspecified single fi
T23531A	Corros first deg mult right fngr (nail), not inc thumb, init
T23531D	Corrosion of first degree of multiple right finger
T23531S	Corrosion of first degree of multiple right finger
T23532A	Corros first deg mult left fngr (nail), not inc thumb, init
T23532D	Corrosion of first degree of multiple left fingers
T23532S	Corrosion of first degree of multiple left fingers
T23539A	Corros first degree of unsp mult fngr, not inc thumb, init
T23539D	Corrosion of first degree of unspecified multiple
T23539S	Corrosion of first degree of unspecified multiple

ICD-10 Code	Description
T23541A	Corros first deg mult right fingers (nail), inc thumb, init
T23541D	Corrosion of first degree of multiple right finger
T23541S	Corrosion of first degree of multiple right finger
T23542A	Corros first deg mult left fingers (nail), inc thumb, init
T23542D	Corrosion of first degree of multiple left fingers
T23542S	Corrosion of first degree of multiple left fingers
T23549A	Corros first degree of unsp mult fngr, inc thumb, init
T23549D	Corrosion of first degree of unspecified multiple
T23549S	Corrosion of first degree of unspecified multiple
T23551A	Corrosion of first degree of right palm, initial encounter
T23551D	Corrosion of first degree of right palm, subsequen
T23551S	Corrosion of first degree of right palm, sequela
T23552A	Corrosion of first degree of left palm, initial encounter
T23552D	Corrosion of first degree of left palm, subsequent
T23552S	Corrosion of first degree of left palm, sequela
T23559A	Corrosion of first degree of unspecified palm, init encntr
T23559D	Corrosion of first degree of unspecified palm, sub
T23559S	Corrosion of first degree of unspecified palm, seq
T23561A	Corrosion of first degree of back of right hand, init encntr
T23561D	Corrosion of first degree of back of right hand, s
T23561S	Corrosion of first degree of back of right hand, s
T23562A	Corrosion of first degree of back of left hand, init encntr
T23562D	Corrosion of first degree of back of left hand, su
T23562S	Corrosion of first degree of back of left hand, se
T23569A	Corrosion of first degree of back of unsp hand, init encntr
T23569D	Corrosion of first degree of back of unspecified h
T23569S	Corrosion of first degree of back of unspecified h
T23571A	Corrosion of first degree of right wrist, initial encounter
T23571D	Corrosion of first degree of right wrist, subseque
T23571S	Corrosion of first degree of right wrist, sequela
T23572A	Corrosion of first degree of left wrist, initial encounter
T23572D	Corrosion of first degree of left wrist, subsequen
T23572S	Corrosion of first degree of left wrist, sequela
T23579A	Corrosion of first degree of unspecified wrist, init encntr
T23579D	Corrosion of first degree of unspecified wrist, su
T23579S	Corrosion of first degree of unspecified wrist, se
T23591A	Corrosion of first deg mult sites of right wrs/hnd, init
T23591D	Corrosion of first degree of multiple sites of rig
T23591S	Corrosion of first degree of multiple sites of rig
T23592A	Corrosion of first deg mult sites of left wrs/hnd, init
T23592D	Corrosion of first degree of multiple sites of lef
T23592S	Corrosion of first degree of multiple sites of lef
T23599A	Corrosion of first deg mult sites of unsp wrs/hnd, init
T23599D	Corrosion of first degree of multiple sites of uns
T23599S	Corrosion of first degree of multiple sites of uns
T23601A	Corrosion of second degree of right hand, unsp site, init
T23601D	Corrosion of second degree of right hand, unspecif
T23601S	Corrosion of second degree of right hand, unspecif
T23602A	Corrosion of second degree of left hand, unsp site, init
T23602D	Corrosion of second degree of left hand, unspecifi

ICD-10 Code	Description
T23602S	Corrosion of second degree of left hand, unspecifi
T23609A	Corrosion of second degree of unsp hand, unsp site, init
T23609D	Corrosion of second degree of unspecified hand, un
T23609S	Corrosion of second degree of unspecified hand, un
T23611A	Corrosion of second degree of right thumb (nail), init
T23611D	Corrosion of second degree of right thumb (nail),
T23611S	Corrosion of second degree of right thumb (nail),
T23612A	Corrosion of second degree of left thumb (nail), init encntr
T23612D	Corrosion of second degree of left thumb (nail), s
T23612S	Corrosion of second degree of left thumb (nail), s
T23619A	Corrosion of second degree of unsp thumb (nail), init encntr
T23619D	Corrosion of second degree of unspecified thumb (n
T23619S	Corrosion of second degree of unspecified thumb (n
T23621A	Corros second degree of single r finger except thumb, init
T23621D	Corrosion of second degree of single right finger
T23621S	Corrosion of second degree of single right finger
T23622A	Corros second degree of single l finger except thumb, init
T23622D	Corrosion of second degree of single left finger (
T23622S	Corrosion of second degree of single left finger (
T23629A	Corros second deg of unsp single finger except thumb, init
T23629D	Corrosion of second degree of unspecified single f
T23629S	Corrosion of second degree of unspecified single f
T23631A	Corros 2nd deg mul right fingers (nail), not inc thumb, init
T23631D	Corrosion of second degree of multiple right finge
T23631S	Corrosion of second degree of multiple right finge
T23632A	Corros 2nd deg mul left fingers (nail), not inc thumb, init
T23632D	Corrosion of second degree of multiple left finger
T23632S	Corrosion of second degree of multiple left finger
T23639A	Corros second degree of unsp mult fngr, not inc thumb, init
T23639D	Corrosion of second degree of unspecified multiple
T23639S	Corrosion of second degree of unspecified multiple
T23641A	Corros 2nd deg mul right fingers (nail), inc thumb, init
T23641D	Corrosion of second degree of multiple right finge
T23641S	Corrosion of second degree of multiple right finge
T23642A	Corros 2nd deg mul left fingers (nail), inc thumb, init
T23642D	Corrosion of second degree of multiple left finger
T23642S	Corrosion of second degree of multiple left finger
T23649A	Corros second degree of unsp mult fngr, inc thumb, init
T23649D	Corrosion of second degree of unspecified multiple
T23649S	Corrosion of second degree of unspecified multiple
T23651A	Corrosion of second degree of right palm, initial encounter
T23651D	Corrosion of second degree of right palm, subseque
T23651S	Corrosion of second degree of right palm, sequela
T23652A	Corrosion of second degree of left palm, initial encounter
T23652D	Corrosion of second degree of left palm, subsequen
T23652S	Corrosion of second degree of left palm, sequela
T23659A	Corrosion of second degree of unspecified palm, init encntr
T23659D	Corrosion of second degree of unspecified palm, su
T23659S	Corrosion of second degree of unspecified palm, se
T23661A	Corrosion of second degree back of right hand, init encntr

ICD-10 Code	Description
T23661D	Corrosion of second degree back of right hand, sub
T23661S	Corrosion of second degree back of right hand, seq
T23662A	Corrosion of second degree back of left hand, init encntr
T23662D	Corrosion of second degree back of left hand, subs
T23662S	Corrosion of second degree back of left hand, sequ
T23669A	Corrosion of second degree back of unsp hand, init encntr
T23669D	Corrosion of second degree back of unspecified han
T23669S	Corrosion of second degree back of unspecified han
T23671A	Corrosion of second degree of right wrist, initial encounter
T23671D	Corrosion of second degree of right wrist, subsequ
T23671S	Corrosion of second degree of right wrist, sequela
T23672A	Corrosion of second degree of left wrist, initial encounter
T23672D	Corrosion of second degree of left wrist, subseque
T23672S	Corrosion of second degree of left wrist, sequela
T23679A	Corrosion of second degree of unspecified wrist, init encntr
T23679D	Corrosion of second degree of unspecified wrist, s
T23679S	Corrosion of second degree of unspecified wrist, s
T23691A	Corrosion of 2nd deg mul sites of right wrist and hand, init
T23691D	Corrosion of second degree of multiple sites of ri
T23691S	Corrosion of second degree of multiple sites of ri
T23692A	Corrosion of 2nd deg mul sites of left wrist and hand, init
T23692D	Corrosion of second degree of multiple sites of le
T23692S	Corrosion of second degree of multiple sites of le
T23699A	Corrosion of 2nd deg mul sites of unsp wrist and hand, init
T23699D	Corrosion of second degree of multiple sites of un
T23699S	Corrosion of second degree of multiple sites of un
T23701A	Corrosion of third degree of right hand, unsp site, init
T23701D	Corrosion of third degree of right hand, unspecifi
T23701S	Corrosion of third degree of right hand, unspecifi
T23702A	Corrosion of third degree of left hand, unsp site, init
T23702D	Corrosion of third degree of left hand, unspecifie
T23702S	Corrosion of third degree of left hand, unspecifie
T23709A	Corrosion of third degree of unsp hand, unsp site, init
T23709D	Corrosion of third degree of unspecified hand, uns
T23709S	Corrosion of third degree of unspecified hand, uns
T23711A	Corrosion of third degree of right thumb (nail), init encntr
T23711D	Corrosion of third degree of right thumb (nail), s
T23711S	Corrosion of third degree of right thumb (nail), s
T23712A	Corrosion of third degree of left thumb (nail), init encntr
T23712D	Corrosion of third degree of left thumb (nail), su
T23712S	Corrosion of third degree of left thumb (nail), se
T23719A	Corrosion of third degree of unsp thumb (nail), init encntr
T23719D	Corrosion of third degree of unspecified thumb (na
T23719S	Corrosion of third degree of unspecified thumb (na
T23721A	Corros third degree of single r finger except thumb, init
T23721D	Corrosion of third degree of single right finger (
T23721S	Corrosion of third degree of single right finger (
T23722A	Corros third degree of single l finger except thumb, init
T23722D	Corrosion of third degree of single left finger (n
T23722S	Corrosion of third degree of single left finger (n

ICD-10 Code	Description
T23729A	Corros third degree of unsp single finger except thumb, init
T23729D	Corrosion of third degree of unspecified single fi
T23729S	Corrosion of third degree of unspecified single fi
T23731A	Corros 3rd deg mu right fingers (nail), not inc thumb, init
T23731D	Corrosion of third degree of multiple right finger
T23731S	Corrosion of third degree of multiple right finger
T23732A	Corros 3rd deg mu left fingers (nail), not inc thumb, init
T23732D	Corrosion of third degree of multiple left fingers
T23732S	Corrosion of third degree of multiple left fingers
T23739A	Corros third degree of unsp mult fngr, not inc thumb, init
T23739D	Corrosion of third degree of unspecified multiple
T23739S	Corrosion of third degree of unspecified multiple
T23741A	Corros 3rd deg mu right fingers (nail), inc thumb, init
T23741D	Corrosion of third degree of multiple right finger
T23741S	Corrosion of third degree of multiple right finger
T23742A	Corros 3rd deg mu left fingers (nail), including thumb, init
T23742D	Corrosion of third degree of multiple left fingers
T23742S	Corrosion of third degree of multiple left fingers
T23749A	Corros third degree of unsp mult fngr, inc thumb, init
T23749D	Corrosion of third degree of unspecified multiple
T23749S	Corrosion of third degree of unspecified multiple
T23751A	Corrosion of third degree of right palm, initial encounter
T23751D	Corrosion of third degree of right palm, subsequen
T23751S	Corrosion of third degree of right palm, sequela
T23752A	Corrosion of third degree of left palm, initial encounter
T23752D	Corrosion of third degree of left palm, subsequent
T23752S	Corrosion of third degree of left palm, sequela
T23759A	Corrosion of third degree of unspecified palm, init encntr
T23759D	Corrosion of third degree of unspecified palm, sub
T23759S	Corrosion of third degree of unspecified palm, seq
T23761A	Corrosion of third degree of back of right hand, init encntr
T23761D	Corrosion of third degree of back of right hand, s
T23761S	Corrosion of third degree of back of right hand, s
T23762A	Corrosion of third degree of back of left hand, init encntr
T23762D	Corrosion of third degree of back of left hand, su
T23762S	Corrosion of third degree of back of left hand, se
T23769A	Corrosion of third degree back of unsp hand, init encntr
T23769D	Corrosion of third degree back of unspecified hand
T23769S	Corrosion of third degree back of unspecified hand
T23771A	Corrosion of third degree of right wrist, initial encounter
T23771D	Corrosion of third degree of right wrist, subseque
T23771S	Corrosion of third degree of right wrist, sequela
T23772A	Corrosion of third degree of left wrist, initial encounter
T23772D	Corrosion of third degree of left wrist, subsequen
T23772S	Corrosion of third degree of left wrist, sequela
T23779A	Corrosion of third degree of unspecified wrist, init encntr
T23779D	Corrosion of third degree of unspecified wrist, su
T23779S	Corrosion of third degree of unspecified wrist, se
T23791A	Corrosion of 3rd deg mu sites of right wrist and hand, init
T23791D	Corrosion of third degree of multiple sites of rig

ICD-10 Code	Description
T23791S	Corrosion of third degree of multiple sites of rig
T23792A	Corrosion of 3rd deg mu sites of left wrist and hand, init
T23792D	Corrosion of third degree of multiple sites of lef
T23792S	Corrosion of third degree of multiple sites of lef
T23799A	Corrosion of 3rd deg mu sites of unsp wrist and hand, init
T23799D	Corrosion of third degree of multiple sites of uns
T23799S	Corrosion of third degree of multiple sites of uns
T24001A	Burn unsp deg of unsp site right lower limb, ex ank/ft, init
T24001D	Burn of unspecified degree of unspecified site of
T24001S	Burn of unspecified degree of unspecified site of
T24002A	Burn unsp deg of unsp site left lower limb, ex ank/ft, init
T24002D	Burn of unspecified degree of unspecified site of
T24002S	Burn of unspecified degree of unspecified site of
T24009A	Burn unsp deg of unsp site unsp lower limb, ex ank/ft, init
T24009D	Burn of unspecified degree of unspecified site of
T24009S	Burn of unspecified degree of unspecified site of
T24011A	Burn of unspecified degree of right thigh, initial encounter
T24011D	Burn of unspecified degree of right thigh, subsequ
T24011S	Burn of unspecified degree of right thigh, sequela
T24012A	Burn of unspecified degree of left thigh, initial encounter
T24012D	Burn of unspecified degree of left thigh, subseque
T24012S	Burn of unspecified degree of left thigh, sequela
T24019A	Burn of unspecified degree of unspecified thigh, init encntr
T24019D	Burn of unspecified degree of unspecified thigh, s
T24019S	Burn of unspecified degree of unspecified thigh, s
T24021A	Burn of unspecified degree of right knee, initial encounter
T24021D	Burn of unspecified degree of right knee, subseque
T24021S	Burn of unspecified degree of right knee, sequela
T24022A	Burn of unspecified degree of left knee, initial encounter
T24022D	Burn of unspecified degree of left knee, subsequen
T24022S	Burn of unspecified degree of left knee, sequela
T24029A	Burn of unspecified degree of unspecified knee, init encntr
T24029D	Burn of unspecified degree of unspecified knee, su
T24029S	Burn of unspecified degree of unspecified knee, se
T24031A	Burn of unspecified degree of right lower leg, init encntr
T24031D	Burn of unspecified degree of right lower leg, sub
T24031S	Burn of unspecified degree of right lower leg, seq
T24032A	Burn of unspecified degree of left lower leg, init encntr
T24032D	Burn of unspecified degree of left lower leg, subs
T24032S	Burn of unspecified degree of left lower leg, sequ
T24039A	Burn of unsp degree of unspecified lower leg, init encntr
T24039D	Burn of unspecified degree of unspecified lower le
T24039S	Burn of unspecified degree of unspecified lower le
T24091A	Burn unsp deg mult sites of right low limb, ex ank/ft, init
T24091D	Burn of unspecified degree of multiple sites of ri
T24091S	Burn of unspecified degree of multiple sites of ri
T24092A	Burn unsp deg mult sites of left lower limb, ex ank/ft, init
T24092D	Burn of unspecified degree of multiple sites of le
T24092S	Burn of unspecified degree of multiple sites of le
T24099A	Burn unsp deg mult sites of unsp lower limb, ex ank/ft, init

ICD-10 Code	Description
T24099D	Burn of unspecified degree of multiple sites of un
T24099S	Burn of unspecified degree of multiple sites of un
T24101A	Burn 1st deg of unsp site right lower limb, ex ank/ft, init
T24101D	Burn of first degree of unspecified site of right
T24101S	Burn of first degree of unspecified site of right
T24102A	Burn first deg of unsp site left lower limb, ex ank/ft, init
T24102D	Burn of first degree of unspecified site of left l
T24102S	Burn of first degree of unspecified site of left l
T24109A	Burn first deg of unsp site unsp lower limb, ex ank/ft, init
T24109D	Burn of first degree of unspecified site of unspec
T24109S	Burn of first degree of unspecified site of unspec
T24111A	Burn of first degree of right thigh, initial encounter
T24111D	Burn of first degree of right thigh, subsequent en
T24111S	Burn of first degree of right thigh, sequela
T24112A	Burn of first degree of left thigh, initial encounter
T24112D	Burn of first degree of left thigh, subsequent enc
T24112S	Burn of first degree of left thigh, sequela
T24119A	Burn of first degree of unspecified thigh, initial encounter
T24119D	Burn of first degree of unspecified thigh, subsequ
T24119S	Burn of first degree of unspecified thigh, sequela
T24121A	Burn of first degree of right knee, initial encounter
T24121D	Burn of first degree of right knee, subsequent enc
T24121S	Burn of first degree of right knee, sequela
T24122A	Burn of first degree of left knee, initial encounter
T24122D	Burn of first degree of left knee, subsequent enco
T24122S	Burn of first degree of left knee, sequela
T24129A	Burn of first degree of unspecified knee, initial encounter
T24129D	Burn of first degree of unspecified knee, subseque
T24129S	Burn of first degree of unspecified knee, sequela
T24131A	Burn of first degree of right lower leg, initial encounter
T24131D	Burn of first degree of right lower leg, subsequen
T24131S	Burn of first degree of right lower leg, sequela
T24132A	Burn of first degree of left lower leg, initial encounter
T24132D	Burn of first degree of left lower leg, subsequent
T24132S	Burn of first degree of left lower leg, sequela
T24139A	Burn of first degree of unspecified lower leg, init encntr
T24139D	Burn of first degree of unspecified lower leg, sub
T24139S	Burn of first degree of unspecified lower leg, seq
T24191A	Burn 1st deg mult sites of right lower limb, ex ank/ft, init
T24191D	Burn of first degree of multiple sites of right lo
T24191S	Burn of first degree of multiple sites of right lo
T24192A	Burn 1st deg mult sites of left lower limb, ex ank/ft, init
T24192D	Burn of first degree of multiple sites of left low
T24192S	Burn of first degree of multiple sites of left low
T24199A	Burn 1st deg mult sites of unsp lower limb, ex ank/ft, init
T24199D	Burn of first degree of multiple sites of unspecif
T24199S	Burn of first degree of multiple sites of unspecif
T24201A	Burn 2nd deg of unsp site right lower limb, ex ank/ft, init
T24201D	Burn of second degree of unspecified site of right
T24201S	Burn of second degree of unspecified site of right

ICD-10 Code	Description
T24202A	Burn 2nd deg of unsp site left lower limb, ex ank/ft, init
T24202D	Burn of second degree of unspecified site of left
T24202S	Burn of second degree of unspecified site of left
T24209A	Burn 2nd deg of unsp site unsp lower limb, ex ank/ft, init
T24209D	Burn of second degree of unspecified site of unspe
T24209S	Burn of second degree of unspecified site of unspe
T24211A	Burn of second degree of right thigh, initial encounter
T24211D	Burn of second degree of right thigh, subsequent e
T24211S	Burn of second degree of right thigh, sequela
T24212A	Burn of second degree of left thigh, initial encounter
T24212D	Burn of second degree of left thigh, subsequent en
T24212S	Burn of second degree of left thigh, sequela
T24219A	Burn of second degree of unspecified thigh, init encntr
T24219D	Burn of second degree of unspecified thigh, subseq
T24219S	Burn of second degree of unspecified thigh, sequel
T24221A	Burn of second degree of right knee, initial encounter
T24221D	Burn of second degree of right knee, subsequent en
T24221S	Burn of second degree of right knee, sequela
T24222A	Burn of second degree of left knee, initial encounter
T24222D	Burn of second degree of left knee, subsequent enc
T24222S	Burn of second degree of left knee, sequela
T24229A	Burn of second degree of unspecified knee, initial encounter
T24229D	Burn of second degree of unspecified knee, subsequ
T24229S	Burn of second degree of unspecified knee, sequela
T24231A	Burn of second degree of right lower leg, initial encounter
T24231D	Burn of second degree of right lower leg, subseque
T24231S	Burn of second degree of right lower leg, sequela
T24232A	Burn of second degree of left lower leg, initial encounter
T24232D	Burn of second degree of left lower leg, subsequen
T24232S	Burn of second degree of left lower leg, sequela
T24239A	Burn of second degree of unspecified lower leg, init encntr
T24239D	Burn of second degree of unspecified lower leg, su
T24239S	Burn of second degree of unspecified lower leg, se
T24291A	Burn 2nd deg mul sites of right lower limb, ex ank/ft, init
T24291D	Burn of second degree of multiple sites of right l
T24291S	Burn of second degree of multiple sites of right l
T24292A	Burn 2nd deg mul sites of left lower limb, ex ank/ft, init
T24292D	Burn of second degree of multiple sites of left lo
T24292S	Burn of second degree of multiple sites of left lo
T24299A	Burn 2nd deg mul sites of unsp lower limb, ex ank/ft, init
T24299D	Burn of second degree of multiple sites of unspeci
T24299S	Burn of second degree of multiple sites of unspeci
T24301A	Burn third deg of unsp site right low limb, ex ank/ft, init
T24301D	Burn of third degree of unspecified site of right
T24301S	Burn of third degree of unspecified site of right
T24302A	Burn third deg of unsp site left lower limb, ex ank/ft, init
T24302D	Burn of third degree of unspecified site of left l
T24302S	Burn of third degree of unspecified site of left l
T24309A	Burn third deg of unsp site unsp lower limb, ex ank/ft, init
T24309D	Burn of third degree of unspecified site of unspec

ICD-10 Code	Description
T24309S	Burn of third degree of unspecified site of unspec
T24311A	Burn of third degree of right thigh, initial encounter
T24311D	Burn of third degree of right thigh, subsequent en
T24311S	Burn of third degree of right thigh, sequela
T24312A	Burn of third degree of left thigh, initial encounter
T24312D	Burn of third degree of left thigh, subsequent enc
T24312S	Burn of third degree of left thigh, sequela
T24319A	Burn of third degree of unspecified thigh, initial encounter
T24319D	Burn of third degree of unspecified thigh, subsequ
T24319S	Burn of third degree of unspecified thigh, sequela
T24321A	Burn of third degree of right knee, initial encounter
T24321D	Burn of third degree of right knee, subsequent enc
T24321S	Burn of third degree of right knee, sequela
T24322A	Burn of third degree of left knee, initial encounter
T24322D	Burn of third degree of left knee, subsequent enco
T24322S	Burn of third degree of left knee, sequela
T24329A	Burn of third degree of unspecified knee, initial encounter
T24329D	Burn of third degree of unspecified knee, subseque
T24329S	Burn of third degree of unspecified knee, sequela
T24331A	Burn of third degree of right lower leg, initial encounter
T24331D	Burn of third degree of right lower leg, subsequen
T24331S	Burn of third degree of right lower leg, sequela
T24332A	Burn of third degree of left lower leg, initial encounter
T24332D	Burn of third degree of left lower leg, subsequent
T24332S	Burn of third degree of left lower leg, sequela
T24339A	Burn of third degree of unspecified lower leg, init encntr
T24339D	Burn of third degree of unspecified lower leg, sub
T24339S	Burn of third degree of unspecified lower leg, seq
T24391A	Burn 3rd deg mu sites of right lower limb, ex ank/ft, init
T24391D	Burn of third degree of multiple sites of right lo
T24391S	Burn of third degree of multiple sites of right lo
T24392A	Burn 3rd deg mu sites of left lower limb, ex ank/ft, init
T24392D	Burn of third degree of multiple sites of left low
T24392S	Burn of third degree of multiple sites of left low
T24399A	Burn 3rd deg mu sites of unsp lower limb, ex ank/ft, init
T24399D	Burn of third degree of multiple sites of unspecif
T24399S	Burn of third degree of multiple sites of unspecif
T24401A	Corros unsp deg of unsp site right low limb, ex ank/ft, init
T24401D	Corrosion of unspecified degree of unspecified sit
T24401S	Corrosion of unspecified degree of unspecified sit
T24402A	Corros unsp deg of unsp site left low limb, ex ank/ft, init
T24402D	Corrosion of unspecified degree of unspecified sit
T24402S	Corrosion of unspecified degree of unspecified sit
T24409A	Corros unsp deg of unsp site unsp low limb, ex ank/ft, init
T24409D	Corrosion of unspecified degree of unspecified sit
T24409S	Corrosion of unspecified degree of unspecified sit
T24411A	Corrosion of unspecified degree of right thigh, init encntr
T24411D	Corrosion of unspecified degree of right thigh, su
T24411S	Corrosion of unspecified degree of right thigh, se
T24412A	Corrosion of unspecified degree of left thigh, init encntr

ICD-10 Code	Description
T24412D	Corrosion of unspecified degree of left thigh, sub
T24412S	Corrosion of unspecified degree of left thigh, seq
T24419A	Corrosion of unsp degree of unspecified thigh, init encntr
T24419D	Corrosion of unspecified degree of unspecified thi
T24419S	Corrosion of unspecified degree of unspecified thi
T24421A	Corrosion of unspecified degree of right knee, init encntr
T24421D	Corrosion of unspecified degree of right knee, sub
T24421S	Corrosion of unspecified degree of right knee, seq
T24422A	Corrosion of unspecified degree of left knee, init encntr
T24422D	Corrosion of unspecified degree of left knee, subs
T24422S	Corrosion of unspecified degree of left knee, sequ
T24429A	Corrosion of unsp degree of unspecified knee, init encntr
T24429D	Corrosion of unspecified degree of unspecified kne
T24429S	Corrosion of unspecified degree of unspecified kne
T24431A	Corrosion of unsp degree of right lower leg, init encntr
T24431D	Corrosion of unspecified degree of right lower leg
T24431S	Corrosion of unspecified degree of right lower leg
T24432A	Corrosion of unsp degree of left lower leg, init encntr
T24432D	Corrosion of unspecified degree of left lower leg,
T24432S	Corrosion of unspecified degree of left lower leg,
T24439A	Corrosion of unsp degree of unsp lower leg, init encntr
T24439D	Corrosion of unspecified degree of unspecified low
T24439S	Corrosion of unspecified degree of unspecified low
T24491A	Corros unsp deg mult sites of r low limb, ex ank/ft, init
T24491D	Corrosion of unspecified degree of multiple sites
T24491S	Corrosion of unspecified degree of multiple sites
T24492A	Corros unsp deg mult sites of left low limb, ex ank/ft, init
T24492D	Corrosion of unspecified degree of multiple sites
T24492S	Corrosion of unspecified degree of multiple sites
T24499A	Corros unsp deg mult sites of unsp low limb, ex ank/ft, init
T24499D	Corrosion of unspecified degree of multiple sites
T24499S	Corrosion of unspecified degree of multiple sites
T24501A	Corros 1st deg of unsp site right low limb, ex ank/ft, init
T24501D	Corrosion of first degree of unspecified site of r
T24501S	Corrosion of first degree of unspecified site of r
T24502A	Corros 1st deg of unsp site left lower limb, ex ank/ft, init
T24502D	Corrosion of first degree of unspecified site of l
T24502S	Corrosion of first degree of unspecified site of l
T24509A	Corros 1st deg of unsp site unsp lower limb, ex ank/ft, init
T24509D	Corrosion of first degree of unspecified site of u
T24509S	Corrosion of first degree of unspecified site of u
T24511A	Corrosion of first degree of right thigh, initial encounter
T24511D	Corrosion of first degree of right thigh, subseque
T24511S	Corrosion of first degree of right thigh, sequela
T24512A	Corrosion of first degree of left thigh, initial encounter
T24512D	Corrosion of first degree of left thigh, subsequen
T24512S	Corrosion of first degree of left thigh, sequela
T24519A	Corrosion of first degree of unspecified thigh, init encntr
T24519D	Corrosion of first degree of unspecified thigh, su
T24519S	Corrosion of first degree of unspecified thigh, se

ICD-10 Code	Description
T24521A	Corrosion of first degree of right knee, initial encounter
T24521D	Corrosion of first degree of right knee, subsequen
T24521S	Corrosion of first degree of right knee, sequela
T24522A	Corrosion of first degree of left knee, initial encounter
T24522D	Corrosion of first degree of left knee, subsequent
T24522S	Corrosion of first degree of left knee, sequela
T24529A	Corrosion of first degree of unspecified knee, init encntr
T24529D	Corrosion of first degree of unspecified knee, sub
T24529S	Corrosion of first degree of unspecified knee, seq
T24531A	Corrosion of first degree of right lower leg, init encntr
T24531D	Corrosion of first degree of right lower leg, subs
T24531S	Corrosion of first degree of right lower leg, sequ
T24532A	Corrosion of first degree of left lower leg, init encntr
T24532D	Corrosion of first degree of left lower leg, subse
T24532S	Corrosion of first degree of left lower leg, seque
T24539A	Corrosion of first degree of unsp lower leg, init encntr
T24539D	Corrosion of first degree of unspecified lower leg
T24539S	Corrosion of first degree of unspecified lower leg
T24591A	Corros 1st deg mult sites of right low limb, ex ank/ft, init
T24591D	Corrosion of first degree of multiple sites of rig
T24591S	Corrosion of first degree of multiple sites of rig
T24592A	Corros 1st deg mult sites of left low limb, ex ank/ft, init
T24592D	Corrosion of first degree of multiple sites of lef
T24592S	Corrosion of first degree of multiple sites of lef
T24599A	Corros 1st deg mult sites of unsp low limb, ex ank/ft, init
T24599D	Corrosion of first degree of multiple sites of uns
T24599S	Corrosion of first degree of multiple sites of uns
T24601A	Corros 2nd deg of unsp site right low limb, ex ank/ft, init
T24601D	Corrosion of second degree of unspecified site of
T24601S	Corrosion of second degree of unspecified site of
T24602A	Corros 2nd deg of unsp site left lower limb, ex ank/ft, init
T24602D	Corrosion of second degree of unspecified site of
T24602S	Corrosion of second degree of unspecified site of
T24609A	Corros 2nd deg of unsp site unsp lower limb, ex ank/ft, init
T24609D	Corrosion of second degree of unspecified site of
T24609S	Corrosion of second degree of unspecified site of
T24611A	Corrosion of second degree of right thigh, initial encounter
T24611D	Corrosion of second degree of right thigh, subsequ
T24611S	Corrosion of second degree of right thigh, sequela
T24612A	Corrosion of second degree of left thigh, initial encounter
T24612D	Corrosion of second degree of left thigh, subseque
T24612S	Corrosion of second degree of left thigh, sequela
T24619A	Corrosion of second degree of unspecified thigh, init encntr
T24619D	Corrosion of second degree of unspecified thigh, s
T24619S	Corrosion of second degree of unspecified thigh, s
T24621A	Corrosion of second degree of right knee, initial encounter
T24621D	Corrosion of second degree of right knee, subseque
T24621S	Corrosion of second degree of right knee, sequela
T24622A	Corrosion of second degree of left knee, initial encounter
T24622D	Corrosion of second degree of left knee, subsequen

ICD-10 Code	Description
T24622S	Corrosion of second degree of left knee, sequela
T24629A	Corrosion of second degree of unspecified knee, init encntr
T24629D	Corrosion of second degree of unspecified knee, su
T24629S	Corrosion of second degree of unspecified knee, se
T24631A	Corrosion of second degree of right lower leg, init encntr
T24631D	Corrosion of second degree of right lower leg, sub
T24631S	Corrosion of second degree of right lower leg, seq
T24632A	Corrosion of second degree of left lower leg, init encntr
T24632D	Corrosion of second degree of left lower leg, subs
T24632S	Corrosion of second degree of left lower leg, sequ
T24639A	Corrosion of second degree of unsp lower leg, init encntr
T24639D	Corrosion of second degree of unspecified lower le
T24639S	Corrosion of second degree of unspecified lower le
T24691A	Corros 2nd deg mul sites of right low limb, ex ank/ft, init
T24691D	Corrosion of second degree of multiple sites of ri
T24691S	Corrosion of second degree of multiple sites of ri
T24692A	Corros 2nd deg mul sites of left lower limb, ex ank/ft, init
T24692D	Corrosion of second degree of multiple sites of le
T24692S	Corrosion of second degree of multiple sites of le
T24699A	Corros 2nd deg mul sites of unsp lower limb, ex ank/ft, init
T24699D	Corrosion of second degree of multiple sites of un
T24699S	Corrosion of second degree of multiple sites of un
T24701A	Corros third deg of unsp site r low limb, ex ank/ft, init
T24701D	Corrosion of third degree of unspecified site of r
T24701S	Corrosion of third degree of unspecified site of r
T24702A	Corros third deg of unsp site left low limb, ex ank/ft, init
T24702D	Corrosion of third degree of unspecified site of l
T24702S	Corrosion of third degree of unspecified site of l
T24709A	Corros third deg of unsp site unsp low limb, ex ank/ft, init
T24709D	Corrosion of third degree of unspecified site of u
T24709S	Corrosion of third degree of unspecified site of u
T24711A	Corrosion of third degree of right thigh, initial encounter
T24711D	Corrosion of third degree of right thigh, subseque
T24711S	Corrosion of third degree of right thigh, sequela
T24712A	Corrosion of third degree of left thigh, initial encounter
T24712D	Corrosion of third degree of left thigh, subsequen
T24712S	Corrosion of third degree of left thigh, sequela
T24719A	Corrosion of third degree of unspecified thigh, init encntr
T24719D	Corrosion of third degree of unspecified thigh, su
T24719S	Corrosion of third degree of unspecified thigh, se
T24721A	Corrosion of third degree of right knee, initial encounter
T24721D	Corrosion of third degree of right knee, subsequen
T24721S	Corrosion of third degree of right knee, sequela
T24722A	Corrosion of third degree of left knee, initial encounter
T24722D	Corrosion of third degree of left knee, subsequent
T24722S	Corrosion of third degree of left knee, sequela
T24729A	Corrosion of third degree of unspecified knee, init encntr
T24729D	Corrosion of third degree of unspecified knee, sub
T24729S	Corrosion of third degree of unspecified knee, seq
T24731A	Corrosion of third degree of right lower leg, init encntr

ICD-10 Code	Description
T24731D	Corrosion of third degree of right lower leg, subs
T24731S	Corrosion of third degree of right lower leg, sequ
T24732A	Corrosion of third degree of left lower leg, init encntr
T24732D	Corrosion of third degree of left lower leg, subse
T24732S	Corrosion of third degree of left lower leg, seque
T24739A	Corrosion of third degree of unsp lower leg, init encntr
T24739D	Corrosion of third degree of unspecified lower leg
T24739S	Corrosion of third degree of unspecified lower leg
T24791A	Corros 3rd deg mu sites of right lower limb, ex ank/ft, init
T24791D	Corrosion of third degree of multiple sites of rig
T24791S	Corrosion of third degree of multiple sites of rig
T24792A	Corros 3rd deg mu sites of left lower limb, ex ank/ft, init
T24792D	Corrosion of third degree of multiple sites of lef
T24792S	Corrosion of third degree of multiple sites of lef
T24799A	Corros 3rd deg mu sites of unsp lower limb, ex ank/ft, init
T24799D	Corrosion of third degree of multiple sites of uns
T24799S	Corrosion of third degree of multiple sites of uns
T25011A	Burn of unspecified degree of right ankle, initial encounter
T25011D	Burn of unspecified degree of right ankle, subsequ
T25011S	Burn of unspecified degree of right ankle, sequela
T25012A	Burn of unspecified degree of left ankle, initial encounter
T25012D	Burn of unspecified degree of left ankle, subseque
T25012S	Burn of unspecified degree of left ankle, sequela
T25019A	Burn of unspecified degree of unspecified ankle, init encntr
T25019D	Burn of unspecified degree of unspecified ankle, s
T25019S	Burn of unspecified degree of unspecified ankle, s
T25021A	Burn of unspecified degree of right foot, initial encounter
T25021D	Burn of unspecified degree of right foot, subseque
T25021S	Burn of unspecified degree of right foot, sequela
T25022A	Burn of unspecified degree of left foot, initial encounter
T25022D	Burn of unspecified degree of left foot, subsequen
T25022S	Burn of unspecified degree of left foot, sequela
T25029A	Burn of unspecified degree of unspecified foot, init encntr
T25029D	Burn of unspecified degree of unspecified foot, su
T25029S	Burn of unspecified degree of unspecified foot, se
T25031A	Burn of unsp degree of right toe(s) (nail), init encntr
T25031D	Burn of unspecified degree of right toe(s) (nail),
T25031S	Burn of unspecified degree of right toe(s) (nail),
T25032A	Burn of unsp degree of left toe(s) (nail), init encntr
T25032D	Burn of unspecified degree of left toe(s) (nail),
T25032S	Burn of unspecified degree of left toe(s) (nail),
T25039A	Burn of unsp degree of unsp toe(s) (nail), init encntr
T25039D	Burn of unspecified degree of unspecified toe(s) (
T25039S	Burn of unspecified degree of unspecified toe(s) (
T25091A	Burn of unsp deg mult sites of right ankle and foot, init
T25091D	Burn of unspecified degree of multiple sites of ri
T25091S	Burn of unspecified degree of multiple sites of ri
T25092A	Burn of unsp deg mult sites of left ankle and foot, init
T25092D	Burn of unspecified degree of multiple sites of le
T25092S	Burn of unspecified degree of multiple sites of le

ICD-10 Code	Description
T25099A	Burn of unsp deg mult sites of unsp ankle and foot, init
T25099D	Burn of unspecified degree of multiple sites of un
T25099S	Burn of unspecified degree of multiple sites of un
T25111A	Burn of first degree of right ankle, initial encounter
T25111D	Burn of first degree of right ankle, subsequent en
T25111S	Burn of first degree of right ankle, sequela
T25112A	Burn of first degree of left ankle, initial encounter
T25112D	Burn of first degree of left ankle, subsequent enc
T25112S	Burn of first degree of left ankle, sequela
T25119A	Burn of first degree of unspecified ankle, initial encounter
T25119D	Burn of first degree of unspecified ankle, subsequ
T25119S	Burn of first degree of unspecified ankle, sequela
T25121A	Burn of first degree of right foot, initial encounter
T25121D	Burn of first degree of right foot, subsequent enc
T25121S	Burn of first degree of right foot, sequela
T25122A	Burn of first degree of left foot, initial encounter
T25122D	Burn of first degree of left foot, subsequent enco
T25122S	Burn of first degree of left foot, sequela
T25129A	Burn of first degree of unspecified foot, initial encounter
T25129D	Burn of first degree of unspecified foot, subseque
T25129S	Burn of first degree of unspecified foot, sequela
T25131A	Burn of first degree of right toe(s) (nail), init encntr
T25131D	Burn of first degree of right toe(s) (nail), subse
T25131S	Burn of first degree of right toe(s) (nail), seque
T25132A	Burn of first degree of left toe(s) (nail), init encntr
T25132D	Burn of first degree of left toe(s) (nail), subseq
T25132S	Burn of first degree of left toe(s) (nail), sequel
T25139A	Burn of first degree of unsp toe(s) (nail), init encntr
T25139D	Burn of first degree of unspecified toe(s) (nail),
T25139S	Burn of first degree of unspecified toe(s) (nail),
T25191A	Burn of first deg mult sites of right ankle and foot, init
T25191D	Burn of first degree of multiple sites of right an
T25191S	Burn of first degree of multiple sites of right an
T25192A	Burn of first deg mult sites of left ankle and foot, init
T25192D	Burn of first degree of multiple sites of left ank
T25192S	Burn of first degree of multiple sites of left ank
T25199A	Burn of first deg mult sites of unsp ankle and foot, init
T25199D	Burn of first degree of multiple sites of unspecif
T25199S	Burn of first degree of multiple sites of unspecif
T25211A	Burn of second degree of right ankle, initial encounter
T25211D	Burn of second degree of right ankle, subsequent e
T25211S	Burn of second degree of right ankle, sequela
T25212A	Burn of second degree of left ankle, initial encounter
T25212D	Burn of second degree of left ankle, subsequent en
T25212S	Burn of second degree of left ankle, sequela
T25219A	Burn of second degree of unspecified ankle, init encntr
T25219D	Burn of second degree of unspecified ankle, subseq
T25219S	Burn of second degree of unspecified ankle, sequel
T25221A	Burn of second degree of right foot, initial encounter
T25221D	Burn of second degree of right foot, subsequent en

ICD-10 Code	Description
T25221S	Burn of second degree of right foot, sequela
T25222A	Burn of second degree of left foot, initial encounter
T25222D	Burn of second degree of left foot, subsequent enc
T25222S	Burn of second degree of left foot, sequela
T25229A	Burn of second degree of unspecified foot, initial encounter
T25229D	Burn of second degree of unspecified foot, subsequ
T25229S	Burn of second degree of unspecified foot, sequela
T25231A	Burn of second degree of right toe(s) (nail), init encntr
T25231D	Burn of second degree of right toe(s) (nail), subs
T25231S	Burn of second degree of right toe(s) (nail), sequ
T25232A	Burn of second degree of left toe(s) (nail), init encntr
T25232D	Burn of second degree of left toe(s) (nail), subse
T25232S	Burn of second degree of left toe(s) (nail), seque
T25239A	Burn of second degree of unsp toe(s) (nail), init encntr
T25239D	Burn of second degree of unspecified toe(s) (nail)
T25239S	Burn of second degree of unspecified toe(s) (nail)
T25291A	Burn of 2nd deg mul sites of right ankle and foot, init
T25291D	Burn of second degree of multiple sites of right a
T25291S	Burn of second degree of multiple sites of right a
T25292A	Burn of 2nd deg mul sites of left ankle and foot, init
T25292D	Burn of second degree of multiple sites of left an
T25292S	Burn of second degree of multiple sites of left an
T25299A	Burn of 2nd deg mul sites of unsp ankle and foot, init
T25299D	Burn of second degree of multiple sites of unspeci
T25299S	Burn of second degree of multiple sites of unspeci
T25311A	Burn of third degree of right ankle, initial encounter
T25311D	Burn of third degree of right ankle, subsequent en
T25311S	Burn of third degree of right ankle, sequela
T25312A	Burn of third degree of left ankle, initial encounter
T25312D	Burn of third degree of left ankle, subsequent enc
T25312S	Burn of third degree of left ankle, sequela
T25319A	Burn of third degree of unspecified ankle, initial encounter
T25319D	Burn of third degree of unspecified ankle, subsequ
T25319S	Burn of third degree of unspecified ankle, sequela
T25321A	Burn of third degree of right foot, initial encounter
T25321D	Burn of third degree of right foot, subsequent enc
T25321S	Burn of third degree of right foot, sequela
T25322A	Burn of third degree of left foot, initial encounter
T25322D	Burn of third degree of left foot, subsequent enco
T25322S	Burn of third degree of left foot, sequela
T25329A	Burn of third degree of unspecified foot, initial encounter
T25329D	Burn of third degree of unspecified foot, subseque
T25329S	Burn of third degree of unspecified foot, sequela
T25331A	Burn of third degree of right toe(s) (nail), init encntr
T25331D	Burn of third degree of right toe(s) (nail), subse
T25331S	Burn of third degree of right toe(s) (nail), seque
T25332A	Burn of third degree of left toe(s) (nail), init encntr
T25332D	Burn of third degree of left toe(s) (nail), subseq
T25332S	Burn of third degree of left toe(s) (nail), sequel
T25339A	Burn of third degree of unsp toe(s) (nail), init encntr

ICD-10 Code	Description
T25339D	Burn of third degree of unspecified toe(s) (nail),
T25339S	Burn of third degree of unspecified toe(s) (nail),
T25391A	Burn of 3rd deg mu sites of right ankle and foot, init
T25391D	Burn of third degree of multiple sites of right an
T25391S	Burn of third degree of multiple sites of right an
T25392A	Burn of 3rd deg mu sites of left ankle and foot, init
T25392D	Burn of third degree of multiple sites of left ank
T25392S	Burn of third degree of multiple sites of left ank
T25399A	Burn of 3rd deg mu sites of unsp ankle and foot, init
T25399D	Burn of third degree of multiple sites of unspecif
T25399S	Burn of third degree of multiple sites of unspecif
T25411A	Corrosion of unspecified degree of right ankle, init encntr
T25411D	Corrosion of unspecified degree of right ankle, su
T25411S	Corrosion of unspecified degree of right ankle, se
T25412A	Corrosion of unspecified degree of left ankle, init encntr
T25412D	Corrosion of unspecified degree of left ankle, sub
T25412S	Corrosion of unspecified degree of left ankle, seq
T25419A	Corrosion of unsp degree of unspecified ankle, init encntr
T25419D	Corrosion of unspecified degree of unspecified ank
T25419S	Corrosion of unspecified degree of unspecified ank
T25421A	Corrosion of unspecified degree of right foot, init encntr
T25421D	Corrosion of unspecified degree of right foot, sub
T25421S	Corrosion of unspecified degree of right foot, seq
T25422A	Corrosion of unspecified degree of left foot, init encntr
T25422D	Corrosion of unspecified degree of left foot, subs
T25422S	Corrosion of unspecified degree of left foot, sequ
T25429A	Corrosion of unsp degree of unspecified foot, init encntr
T25429D	Corrosion of unspecified degree of unspecified foo
T25429S	Corrosion of unspecified degree of unspecified foo
T25431A	Corrosion of unsp degree of right toe(s) (nail), init encntr
T25431D	Corrosion of unspecified degree of right toe(s) (n
T25431S	Corrosion of unspecified degree of right toe(s) (n
T25432A	Corrosion of unsp degree of left toe(s) (nail), init encntr
T25432D	Corrosion of unspecified degree of left toe(s) (na
T25432S	Corrosion of unspecified degree of left toe(s) (na
T25439A	Corrosion of unsp degree of unsp toe(s) (nail), init encntr
T25439D	Corrosion of unspecified degree of unspecified toe
T25439S	Corrosion of unspecified degree of unspecified toe
T25491A	Corrosion of unsp deg mult sites of right ank/ft, init
T25491D	Corrosion of unspecified degree of multiple sites
T25491S	Corrosion of unspecified degree of multiple sites
T25492A	Corrosion of unsp deg mult sites of left ank/ft, init
T25492D	Corrosion of unspecified degree of multiple sites
T25492S	Corrosion of unspecified degree of multiple sites
T25499A	Corrosion of unsp deg mult sites of unsp ank/ft, init
T25499D	Corrosion of unspecified degree of multiple sites
T25499S	Corrosion of unspecified degree of multiple sites
T25511A	Corrosion of first degree of right ankle, initial encounter
T25511D	Corrosion of first degree of right ankle, subseque
T25511S	Corrosion of first degree of right ankle, sequela

ICD-10 Code	Description
T25512A	Corrosion of first degree of left ankle, initial encounter
T25512D	Corrosion of first degree of left ankle, subsequen
T25512S	Corrosion of first degree of left ankle, sequela
T25519A	Corrosion of first degree of unspecified ankle, init encntr
T25519D	Corrosion of first degree of unspecified ankle, su
T25519S	Corrosion of first degree of unspecified ankle, se
T25521A	Corrosion of first degree of right foot, initial encounter
T25521D	Corrosion of first degree of right foot, subsequen
T25521S	Corrosion of first degree of right foot, sequela
T25522A	Corrosion of first degree of left foot, initial encounter
T25522D	Corrosion of first degree of left foot, subsequent
T25522S	Corrosion of first degree of left foot, sequela
T25529A	Corrosion of first degree of unspecified foot, init encntr
T25529D	Corrosion of first degree of unspecified foot, sub
T25529S	Corrosion of first degree of unspecified foot, seq
T25531A	Corrosion of first degree of right toe(s) (nail), init
T25531D	Corrosion of first degree of right toe(s) (nail),
T25531S	Corrosion of first degree of right toe(s) (nail),
T25532A	Corrosion of first degree of left toe(s) (nail), init encntr
T25532D	Corrosion of first degree of left toe(s) (nail), s
T25532S	Corrosion of first degree of left toe(s) (nail), s
T25539A	Corrosion of first degree of unsp toe(s) (nail), init encntr
T25539D	Corrosion of first degree of unspecified toe(s) (n
T25539S	Corrosion of first degree of unspecified toe(s) (n
T25591A	Corrosion of first deg mult sites of right ank/ft, init
T25591D	Corrosion of first degree of multiple sites of rig
T25591S	Corrosion of first degree of multiple sites of rig
T25592A	Corrosion of first deg mult sites of left ank/ft, init
T25592D	Corrosion of first degree of multiple sites of lef
T25592S	Corrosion of first degree of multiple sites of lef
T25599A	Corrosion of first deg mult sites of unsp ank/ft, init
T25599D	Corrosion of first degree of multiple sites of uns
T25599S	Corrosion of first degree of multiple sites of uns
T25611A	Corrosion of second degree of right ankle, initial encounter
T25611D	Corrosion of second degree of right ankle, subsequ
T25611S	Corrosion of second degree of right ankle, sequela
T25612A	Corrosion of second degree of left ankle, initial encounter
T25612D	Corrosion of second degree of left ankle, subseque
T25612S	Corrosion of second degree of left ankle, sequela
T25619A	Corrosion of second degree of unspecified ankle, init encntr
T25619D	Corrosion of second degree of unspecified ankle, s
T25619S	Corrosion of second degree of unspecified ankle, s
T25621A	Corrosion of second degree of right foot, initial encounter
T25621D	Corrosion of second degree of right foot, subseque
T25621S	Corrosion of second degree of right foot, sequela
T25622A	Corrosion of second degree of left foot, initial encounter
T25622D	Corrosion of second degree of left foot, subsequen
T25622S	Corrosion of second degree of left foot, sequela
T25629A	Corrosion of second degree of unspecified foot, init encntr
T25629D	Corrosion of second degree of unspecified foot, su

ICD-10 Code	Description
T25629S	Corrosion of second degree of unspecified foot, se
T25631A	Corrosion of second degree of right toe(s) (nail), init
T25631D	Corrosion of second degree of right toe(s) (nail),
T25631S	Corrosion of second degree of right toe(s) (nail),
T25632A	Corrosion of second degree of left toe(s) (nail), init
T25632D	Corrosion of second degree of left toe(s) (nail),
T25632S	Corrosion of second degree of left toe(s) (nail),
T25639A	Corrosion of second degree of unsp toe(s) (nail), init
T25639D	Corrosion of second degree of unspecified toe(s) (
T25639S	Corrosion of second degree of unspecified toe(s) (
T25691A	Corrosion of second degree of right ankle and foot, init
T25691D	Corrosion of second degree of right ankle and foot
T25691S	Corrosion of second degree of right ankle and foot
T25692A	Corrosion of second degree of left ankle and foot, init
T25692D	Corrosion of second degree of left ankle and foot,
T25692S	Corrosion of second degree of left ankle and foot,
T25699A	Corrosion of second degree of unsp ankle and foot, init
T25699D	Corrosion of second degree of unspecified ankle an
T25699S	Corrosion of second degree of unspecified ankle an
T25711A	Corrosion of third degree of right ankle, initial encounter
T25711D	Corrosion of third degree of right ankle, subseque
T25711S	Corrosion of third degree of right ankle, sequela
T25712A	Corrosion of third degree of left ankle, initial encounter
T25712D	Corrosion of third degree of left ankle, subsequen
T25712S	Corrosion of third degree of left ankle, sequela
T25719A	Corrosion of third degree of unspecified ankle, init encntr
T25719D	Corrosion of third degree of unspecified ankle, su
T25719S	Corrosion of third degree of unspecified ankle, se
T25721A	Corrosion of third degree of right foot, initial encounter
T25721D	Corrosion of third degree of right foot, subsequen
T25721S	Corrosion of third degree of right foot, sequela
T25722A	Corrosion of third degree of left foot, initial encounter
T25722D	Corrosion of third degree of left foot, subsequent
T25722S	Corrosion of third degree of left foot, sequela
T25729A	Corrosion of third degree of unspecified foot, init encntr
T25729D	Corrosion of third degree of unspecified foot, sub
T25729S	Corrosion of third degree of unspecified foot, seq
T25731A	Corrosion of third degree of right toe(s) (nail), init
T25731D	Corrosion of third degree of right toe(s) (nail),
T25731S	Corrosion of third degree of right toe(s) (nail),
T25732A	Corrosion of third degree of left toe(s) (nail), init encntr
T25732D	Corrosion of third degree of left toe(s) (nail), s
T25732S	Corrosion of third degree of left toe(s) (nail), s
T25739A	Corrosion of third degree of unsp toe(s) (nail), init encntr
T25739D	Corrosion of third degree of unspecified toe(s) (n
T25739S	Corrosion of third degree of unspecified toe(s) (n
T25791A	Corrosion of 3rd deg mu sites of right ankle and foot, init
T25791D	Corrosion of third degree of multiple sites of rig
T25791S	Corrosion of third degree of multiple sites of rig
T25792A	Corrosion of 3rd deg mu sites of left ankle and foot, init

ICD-10 Code	Description
T25792D	Corrosion of third degree of multiple sites of lef
T25792S	Corrosion of third degree of multiple sites of lef
T25799A	Corrosion of 3rd deg mu sites of unsp ankle and foot, init
T25799D	Corrosion of third degree of multiple sites of uns
T25799S	Corrosion of third degree of multiple sites of uns
T2600XA	Burn of unspecified eyelid and periocular area, init encntr
T2600XD	Burn of unspecified eyelid and periocular area, su
T2600XS	Burn of unspecified eyelid and periocular area, se
T2601XA	Burn of right eyelid and periocular area, initial encounter
T2601XD	Burn of right eyelid and periocular area, subseque
T2601XS	Burn of right eyelid and periocular area, sequela
T2602XA	Burn of left eyelid and periocular area, initial encounter
T2602XD	Burn of left eyelid and periocular area, subsequen
T2602XS	Burn of left eyelid and periocular area, sequela
T2610XA	Burn of cornea and conjunctival sac, unsp eye, init encntr
T2610XD	Burn of cornea and conjunctival sac, unspecified e
T2610XS	Burn of cornea and conjunctival sac, unspecified e
T2611XA	Burn of cornea and conjunctival sac, right eye, init encntr
T2611XD	Burn of cornea and conjunctival sac, right eye, su
T2611XS	Burn of cornea and conjunctival sac, right eye, se
T2612XA	Burn of cornea and conjunctival sac, left eye, init encntr
T2612XD	Burn of cornea and conjunctival sac, left eye, sub
T2612XS	Burn of cornea and conjunctival sac, left eye, seq
T2620XA	Burn w resulting rupture and dest of unsp eyeball, init
T2620XD	Burn with resulting rupture and destruction of uns
T2620XS	Burn with resulting rupture and destruction of uns
T2621XA	Burn w resulting rupture and dest of right eyeball, init
T2621XD	Burn with resulting rupture and destruction of rig
T2621XS	Burn with resulting rupture and destruction of rig
T2622XA	Burn w resulting rupture and dest of left eyeball, init
T2622XD	Burn with resulting rupture and destruction of lef
T2622XS	Burn with resulting rupture and destruction of lef
T2630XA	Burns of oth parts of unsp eye and adnexa, init encntr
T2630XD	Burns of other specified parts of unspecified eye
T2630XS	Burns of other specified parts of unspecified eye
T2631XA	Burns of oth parts of right eye and adnexa, init encntr
T2631XD	Burns of other specified parts of right eye and ad
T2631XS	Burns of other specified parts of right eye and ad
T2632XA	Burns of oth parts of left eye and adnexa, init encntr
T2632XD	Burns of other specified parts of left eye and adn
T2632XS	Burns of other specified parts of left eye and adn
T2640XA	Burn of unsp eye and adnexa, part unspecified, init encntr
T2640XD	Burn of unspecified eye and adnexa, part unspecifi
T2640XS	Burn of unspecified eye and adnexa, part unspecifi
T2641XA	Burn of right eye and adnexa, part unspecified, init encntr
T2641XD	Burn of right eye and adnexa, part unspecified, su
T2641XS	Burn of right eye and adnexa, part unspecified, se
T2642XA	Burn of left eye and adnexa, part unspecified, init encntr
T2642XD	Burn of left eye and adnexa, part unspecified, sub
T2642XS	Burn of left eye and adnexa, part unspecified, seq

ICD-10 Code	Description
T2650XA	Corrosion of unsp eyelid and periocular area, init encntr
T2650XD	Corrosion of unspecified eyelid and periocular are
T2650XS	Corrosion of unspecified eyelid and periocular are
T2651XA	Corrosion of right eyelid and periocular area, init encntr
T2651XD	Corrosion of right eyelid and periocular area, sub
T2651XS	Corrosion of right eyelid and periocular area, seq
T2652XA	Corrosion of left eyelid and periocular area, init encntr
T2652XD	Corrosion of left eyelid and periocular area, subs
T2652XS	Corrosion of left eyelid and periocular area, sequ
T2660XA	Corrosion of cornea and conjunctival sac, unsp eye, init
T2660XD	Corrosion of cornea and conjunctival sac, unspecif
T2660XS	Corrosion of cornea and conjunctival sac, unspecif
T2661XA	Corrosion of cornea and conjunctival sac, right eye, init
T2661XD	Corrosion of cornea and conjunctival sac, right ey
T2661XS	Corrosion of cornea and conjunctival sac, right ey
T2662XA	Corrosion of cornea and conjunctival sac, left eye, init
T2662XD	Corrosion of cornea and conjunctival sac, left eye
T2662XS	Corrosion of cornea and conjunctival sac, left eye
T2670XA	Corrosion w resulting rupture and dest of unsp eyeball, init
T2670XD	Corrosion with resulting rupture and destruction o
T2670XS	Corrosion with resulting rupture and destruction o
T2671XA	Corros w resulting rupture and dest of right eyeball, init
T2671XD	Corrosion with resulting rupture and destruction o
T2671XS	Corrosion with resulting rupture and destruction o
T2672XA	Corrosion w resulting rupture and dest of left eyeball, init
T2672XD	Corrosion with resulting rupture and destruction o
T2672XS	Corrosion with resulting rupture and destruction o
T2680XA	Corrosions of oth parts of unsp eye and adnexa, init encntr
T2680XD	Corrosions of other specified parts of unspecified
T2680XS	Corrosions of other specified parts of unspecified
T2681XA	Corrosions of oth parts of right eye and adnexa, init encntr
T2681XD	Corrosions of other specified parts of right eye a
T2681XS	Corrosions of other specified parts of right eye a
T2682XA	Corrosions of oth parts of left eye and adnexa, init encntr
T2682XD	Corrosions of other specified parts of left eye an
T2682XS	Corrosions of other specified parts of left eye an
T2690XA	Corrosion of unsp eye and adnexa, part unsp, init encntr
T2690XD	Corrosion of unspecified eye and adnexa, part unsp
T2690XS	Corrosion of unspecified eye and adnexa, part unsp
T2691XA	Corrosion of right eye and adnexa, part unsp, init encntr
T2691XD	Corrosion of right eye and adnexa, part unspecifie
T2691XS	Corrosion of right eye and adnexa, part unspecifie
T2692XA	Corrosion of left eye and adnexa, part unsp, init encntr
T2692XD	Corrosion of left eye and adnexa, part unspecified
T2692XS	Corrosion of left eye and adnexa, part unspecified
T270XXA	Burn of larynx and trachea, initial encounter
T270XXD	Burn of larynx and trachea, subsequent encounter
T270XXS	Burn of larynx and trachea, sequela
T271XXA	Burn involving larynx and trachea with lung, init encntr
T271XXD	Burn involving larynx and trachea with lung, subse

ICD-10 Code	Description
T271XXS	Burn involving larynx and trachea with lung, seque
T272XXA	Burn of other parts of respiratory tract, initial encounter
T272XXD	Burn of other parts of respiratory tract, subseque
T272XXS	Burn of other parts of respiratory tract, sequela
T273XXA	Burn of respiratory tract, part unspecified, init encntr
T273XXD	Burn of respiratory tract, part unspecified, subse
T273XXS	Burn of respiratory tract, part unspecified, seque
T274XXA	Corrosion of larynx and trachea, initial encounter
T274XXD	Corrosion of larynx and trachea, subsequent encoun
T274XXS	Corrosion of larynx and trachea, sequela
T275XXA	Corrosion involving larynx and trachea w lung, init encntr
T275XXD	Corrosion involving larynx and trachea with lung,
T275XXS	Corrosion involving larynx and trachea with lung,
T276XXA	Corrosion of other parts of respiratory tract, init encntr
T276XXD	Corrosion of other parts of respiratory tract, sub
T276XXS	Corrosion of other parts of respiratory tract, seq
T277XXA	Corrosion of respiratory tract, part unsp, init encntr
T277XXD	Corrosion of respiratory tract, part unspecified,
T277XXS	Corrosion of respiratory tract, part unspecified,
T280XXA	Burn of mouth and pharynx, initial encounter
T280XXD	Burn of mouth and pharynx, subsequent encounter
T280XXS	Burn of mouth and pharynx, sequela
T281XXA	Burn of esophagus, initial encounter
T281XXD	Burn of esophagus, subsequent encounter
T281XXS	Burn of esophagus, sequela
T282XXA	Burn of other parts of alimentary tract, initial encounter
T282XXD	Burn of other parts of alimentary tract, subsequen
T282XXS	Burn of other parts of alimentary tract, sequela
T283XXA	Burn of internal genitourinary organs, initial encounter
T283XXD	Burn of internal genitourinary organs, subsequent
T283XXS	Burn of internal genitourinary organs, sequela
T2840XA	Burn of unspecified internal organ, initial encounter
T2840XD	Burn of unspecified internal organ, subsequent enc
T2840XS	Burn of unspecified internal organ, sequela
T28411A	Burn of right ear drum, initial encounter
T28411D	Burn of right ear drum, subsequent encounter
T28411S	Burn of right ear drum, sequela
T28412A	Burn of left ear drum, initial encounter
T28412D	Burn of left ear drum, subsequent encounter
T28412S	Burn of left ear drum, sequela
T28419A	Burn of unspecified ear drum, initial encounter
T28419D	Burn of unspecified ear drum, subsequent encounter
T28419S	Burn of unspecified ear drum, sequela
T2849XA	Burn of other internal organ, initial encounter
T2849XD	Burn of other internal organ, subsequent encounter
T2849XS	Burn of other internal organ, sequela
T285XXA	Corrosion of mouth and pharynx, initial encounter
T285XXD	Corrosion of mouth and pharynx, subsequent encount
T285XXS	Corrosion of mouth and pharynx, sequela
T286XXA	Corrosion of esophagus, initial encounter

ICD-10 Code	Description
T286XXD	Corrosion of esophagus, subsequent encounter
T286XXS	Corrosion of esophagus, sequela
T287XXA	Corrosion of other parts of alimentary tract, init encntr
T287XXD	Corrosion of other parts of alimentary tract, subs
T287XXS	Corrosion of other parts of alimentary tract, sequ
T288XXA	Corrosion of internal genitourinary organs, init encntr
T288XXD	Corrosion of internal genitourinary organs, subseq
T288XXS	Corrosion of internal genitourinary organs, sequel
T2890XA	Corrosions of unspecified internal organs, initial encounter
T2890XD	Corrosions of unspecified internal organs, subsequ
T2890XS	Corrosions of unspecified internal organs, sequela
T28911A	Corrosions of right ear drum, initial encounter
T28911D	Corrosions of right ear drum, subsequent encounter
T28911S	Corrosions of right ear drum, sequela
T28912A	Corrosions of left ear drum, initial encounter
T28912D	Corrosions of left ear drum, subsequent encounter
T28912S	Corrosions of left ear drum, sequela
T28919A	Corrosions of unspecified ear drum, initial encounter
T28919D	Corrosions of unspecified ear drum, subsequent enc
T28919S	Corrosions of unspecified ear drum, sequela
T2899XA	Corrosions of other internal organs, initial encounter
T2899XD	Corrosions of other internal organs, subsequent en
T2899XS	Corrosions of other internal organs, sequela
T300	Burn of unspecified body region, unspecified degree
T304	Corrosion of unspecified body region, unspecified degree
T310	Burns involving less than 10% of body surface
T3110	Burns of 10-19% of body surfc w 0% to 9% third degree burns
T3111	Burns of 10-19% of body surface w 10-19% third degree burns
T3120	Burns of 20-29% of body surfc w 0% to 9% third degree burns
T3121	Burns of 20-29% of body surface w 10-19% third degree burns
T3122	Burns of 20-29% of body surface w 20-29% third degree burns
T3130	Burns of 30-39% of body surfc w 0% to 9% third degree burns
T3131	Burns of 30-39% of body surface w 10-19% third degree burns
T3132	Burns of 30-39% of body surface w 20-29% third degree burns
T3133	Burns of 30-39% of body surface w 30-39% third degree burns
T3140	Burns of 40-49% of body surfc w 0% to 9% third degree burns
T3141	Burns of 40-49% of body surface w 10-19% third degree burns
T3142	Burns of 40-49% of body surface w 20-29% third degree burns
T3143	Burns of 40-49% of body surface w 30-39% third degree burns
T3144	Burns of 40-49% of body surface w 40-49% third degree burns
T3150	Burns of 50-59% of body surfc w 0% to 9% third degree burns
T3151	Burns of 50-59% of body surface w 10-19% third degree burns
T3152	Burns of 50-59% of body surface w 20-29% third degree burns
T3153	Burns of 50-59% of body surface w 30-39% third degree burns
T3154	Burns of 50-59% of body surface w 40-49% third degree burns
T3155	Burns of 50-59% of body surface w 50-59% third degree burns
T3160	Burns of 60-69% of body surfc w 0% to 9% third degree burns
T3161	Burns of 60-69% of body surface w 10-19% third degree burns
T3162	Burns of 60-69% of body surface w 20-29% third degree burns
T3163	Burns of 60-69% of body surface w 30-39% third degree burns

ICD-10 Code	Description
T3164	Burns of 60-69% of body surface w 40-49% third degree burns
T3165	Burns of 60-69% of body surface w 50-59% third degree burns
T3166	Burns of 60-69% of body surface w 60-69% third degree burns
T3170	Burns of 70-79% of body surfc w 0% to 9% third degree burns
T3171	Burns of 70-79% of body surface w 10-19% third degree burns
T3172	Burns of 70-79% of body surface w 20-29% third degree burns
T3173	Burns of 70-79% of body surface w 30-39% third degree burns
T3174	Burns of 70-79% of body surface w 40-49% third degree burns
T3175	Burns of 70-79% of body surface w 50-59% third degree burns
T3176	Burns of 70-79% of body surface w 60-69% third degree burns
T3177	Burns of 70-79% of body surface w 70-79% third degree burns
T3180	Burns of 80-89% of body surfc w 0% to 9% third degree burns
T3181	Burns of 80-89% of body surface w 10-19% third degree burns
T3182	Burns of 80-89% of body surface w 20-29% third degree burns
T3183	Burns of 80-89% of body surface w 30-39% third degree burns
T3184	Burns of 80-89% of body surface w 40-49% third degree burns
T3185	Burns of 80-89% of body surface w 50-59% third degree burns
T3186	Burns of 80-89% of body surface w 60-69% third degree burns
T3187	Burns of 80-89% of body surface w 70-79% third degree burns
T3188	Burns of 80-89% of body surface w 80-89% third degree burns
T3190	Burns of 90%/more of body surfc w 0% to 9% third deg burns
T3191	Burns of 90%/more of body surfc w 10-19% third degree burns
T3192	Burns of 90%/more of body surfc w 20-29% third degree burns
T3193	Burns of 90%/more of body surfc w 30-39% third degree burns
T3194	Burns of 90%/more of body surfc w 40-49% third degree burns
T3195	Burns of 90%/more of body surfc w 50-59% third degree burns
T3196	Burns of 90%/more of body surfc w 60-69% third degree burns
T3197	Burns of 90%/more of body surfc w 70-79% third degree burns
T3198	Burns of 90%/more of body surfc w 80-89% third degree burns
T3199	Burns of 90%/more of body surfc w 90%/more third deg burns
T320	Corrosions involving less than 10% of body surface
T3210	Corros 10-19% of body surface w 0% to 9% third degree corros
T3211	Corros 10-19% of body surface w 10-19% third degree corros
T3220	Corros 20-29% of body surface w 0% to 9% third degree corros
T3221	Corros 20-29% of body surface w 10-19% third degree corros
T3222	Corros 20-29% of body surface w 20-29% third degree corros
T3230	Corros 30-39% of body surface w 0% to 9% third degree corros
T3231	Corros 30-39% of body surface w 10-19% third degree corros
T3232	Corros 30-39% of body surface w 20-29% third degree corros
T3233	Corros 30-39% of body surface w 30-39% third degree corros
T3240	Corros 40-49% of body surface w 0% to 9% third degree corros
T3241	Corros 40-49% of body surface w 10-19% third degree corros
T3242	Corros 40-49% of body surface w 20-29% third degree corros
T3243	Corros 40-49% of body surface w 30-39% third degree corros
T3244	Corros 40-49% of body surface w 40-49% third degree corros
T3250	Corros 50-59% of body surface w 0% to 9% third degree corros
T3251	Corros 50-59% of body surface w 10-19% third degree corros
T3252	Corros 50-59% of body surface w 20-29% third degree corros
T3253	Corros 50-59% of body surface w 30-39% third degree corros
T3254	Corros 50-59% of body surface w 40-49% third degree corros

ICD-10 Code	Description
T3255	Corros 50-59% of body surface w 50-59% third degree corros
T3260	Corros 60-69% of body surface w 0% to 9% third degree corros
T3261	Corros 60-69% of body surface w 10-19% third degree corros
T3262	Corros 60-69% of body surface w 20-29% third degree corros
T3263	Corros 60-69% of body surface w 30-39% third degree corros
T3264	Corros 60-69% of body surface w 40-49% third degree corros
T3265	Corros 60-69% of body surface w 50-59% third degree corros
T3266	Corros 60-69% of body surface w 60-69% third degree corros
T3270	Corros 70-79% of body surface w 0% to 9% third degree corros
T3271	Corros 70-79% of body surface w 10-19% third degree corros
T3272	Corros 70-79% of body surface w 20-29% third degree corros
T3273	Corros 70-79% of body surface w 30-39% third degree corros
T3274	Corros 70-79% of body surface w 40-49% third degree corros
T3275	Corros 70-79% of body surface w 50-59% third degree corros
T3276	Corros 70-79% of body surface w 60-69% third degree corros
T3277	Corros 70-79% of body surface w 70-79% third degree corros
T3280	Corros 80-89% of body surface w 0% to 9% third degree corros
T3281	Corros 80-89% of body surface w 10-19% third degree corros
T3282	Corros 80-89% of body surface w 20-29% third degree corros
T3283	Corros 80-89% of body surface w 30-39% third degree corros
T3284	Corros 80-89% of body surface w 40-49% third degree corros
T3285	Corros 80-89% of body surface w 50-59% third degree corros
T3286	Corros 80-89% of body surface w 60-69% third degree corros
T3287	Corros 80-89% of body surface w 70-79% third degree corros
T3288	Corros 80-89% of body surface w 80-89% third degree corros
T3290	Corros 90%/more of body surfc w 0% to 9% third degree corros
T3291	Corros 90%/more of body surface w 10-19% third degree corros
T3292	Corros 90%/more of body surface w 20-29% third degree corros
T3293	Corros 90%/more of body surface w 30-39% third degree corros
T3294	Corros 90%/more of body surface w 40-49% third degree corros
T3295	Corros 90%/more of body surface w 50-59% third degree corros
T3296	Corros 90%/more of body surface w 60-69% third degree corros
T3297	Corros 90%/more of body surface w 70-79% third degree corros

Principal ICD-10 Diagnosis Code - Soft Tissue

ICD-10 Code	Description
T3298	Corros 90%/more of body surface w 80-89% third degree corros
T3299	Corros 90%/more of body surfc w 90%/more third degree corros
6084	Fournier Gangrene
61681	Fournier Gangrene
61689	Fournier Gangrene
N493	Fournier Gangrene
N498	Fournier Gangrene
N7681	Fournier Gangrene
N7689	Fournier Gangrene
72886	Necrotizing Facitis
M726	Necrotizing Facitis
69514	Toxic Epidermal Necrolysis
69515	Toxic Epidermal Necrolysis
69550	Toxic Epidermal Necrolysis
69551	Toxic Epidermal Necrolysis
69552	Toxic Epidermal Necrolysis
69553	Toxic Epidermal Necrolysis
69554	Toxic Epidermal Necrolysis
69555	Toxic Epidermal Necrolysis
69556	Toxic Epidermal Necrolysis
69557	Toxic Epidermal Necrolysis
69558	Toxic Epidermal Necrolysis
69559	Toxic Epidermal Necrolysis
L490	Toxic Epidermal Necrolysis
L491	Toxic Epidermal Necrolysis
L492	Toxic Epidermal Necrolysis
L493	Toxic Epidermal Necrolysis
L494	Toxic Epidermal Necrolysis
L495	Toxic Epidermal Necrolysis
L496	Toxic Epidermal Necrolysis
L497	Toxic Epidermal Necrolysis
L498	Toxic Epidermal Necrolysis
L499	Toxic Epidermal Necrolysis
L512	Toxic Epidermal Necrolysis
L513	Toxic Epidermal Necrolysis
6084	Fournier Gangrene
61681	Fournier Gangrene
61689	Fournier Gangrene
N493	Fournier Gangrene
N498	Fournier Gangrene
N7681	Fournier Gangrene
N7689	Fournier Gangrene
72886	Necrotizing Facitis
M726	Necrotizing Facitis
69514	Toxic Epidermal Necrolysis

ICD-10 Code	Description
69515	Toxic Epidermal Necrolysis
69550	Toxic Epidermal Necrolysis
69551	Toxic Epidermal Necrolysis
69552	Toxic Epidermal Necrolysis
69553	Toxic Epidermal Necrolysis
69554	Toxic Epidermal Necrolysis
69555	Toxic Epidermal Necrolysis
69556	Toxic Epidermal Necrolysis
69557	Toxic Epidermal Necrolysis
69558	Toxic Epidermal Necrolysis
69559	Toxic Epidermal Necrolysis
L490	Toxic Epidermal Necrolysis
L491	Toxic Epidermal Necrolysis
L492	Toxic Epidermal Necrolysis
L493	Toxic Epidermal Necrolysis
L494	Toxic Epidermal Necrolysis
L495	Toxic Epidermal Necrolysis
L496	Toxic Epidermal Necrolysis
L497	Toxic Epidermal Necrolysis
L498	Toxic Epidermal Necrolysis
L499	Toxic Epidermal Necrolysis
L512	Toxic Epidermal Necrolysis
L513	Toxic Epidermal Necrolysis

Attachment C

Burn Team Article

Burn Teams and Burn Centers: The Importance of a Comprehensive Team Approach to Burn Care

Ahmed M. Al-Mousawi, MD, Gabriel A. Mecott-Rivera, MD, [...], and David N. Herndon, MD, FACS

Synopsis

Advances in burn care have been colossal, but while extra work is needed, it is clear that the organized effort of burn teams can continue making improvements in survival rates and quality of life possible for patients. Burn patients are unique, representing the most severe model of trauma,[33] and hence this necessitates treatment in the best facilities available for that endeavor. Burn centers have developed to meet these intricate needs but can only function productively and most efficiently through well organized, multifaceted, patient-centered teams in areas of clinical care and research.

Keywords: Burn centers, Burn units, Trauma, Multidisciplinary care, Patient care teams, Research personnel

Introduction

Resource requirements and the complexity of the management of severe burn injuries have led to the development of regional burn centers. Centralization of burn services has in turn provided an opportunity for focused basic, translational, and clinical science research in an evolving field. This has led to the significant developments in our understanding and vast improvements in outcomes following major burn injuries over the past few decades.

Advances in an array of medical and scientific fields have dramatically improved the prospects of patients following severe burn injuries over the second half of the 20th century. Major areas of advancement in burn care include fluid resuscitation protocols, early burn wound excision and closure with grafts or skin substitutes, nutritional support regimens, topical antimicrobials and infection control, treatment of sepsis, thermally-neutral environments, and pharmacological modulation of the hypermetabolic response. These factors have contributed to improved wound healing, reduced inflammation and energy demands, attenuated hypermetabolism and muscle catabolism, and consequently decreased morbidity and mortality following severe burns.

The progress made over this period is reflected in the improvements seen in survival rates. Burns in children of 30% total body surface area (TBSA) led to 50% mortality in the era between the World Wars, with 40% burns resulting in 90% mortality. By 1954 at a pioneering UK unit, 50% expected mortality now necessitated a 50% TBSA burn, with factors considered to have contributed to this advance understood to include blood transfusion, infection control, and early surgery (1). With major advances in burn care, mortality following pediatric burns continued to decline, such that 50% of pediatric patients were expected to survive 91-95% TBSA burns by the late 1990s (2).

Improvements continued over the past two decades such that outside the extremes of age, most patients treated in a modern burn centre should be expected to survive despite the severity of their injury(3). However, reducing mortality for patients 65 years and older, who constitute an expanding part of the US population, remains a significant challenge. Advances continue to lag behind those seen in other age groups, with burn mortality persistently greatest in this age group.

In the US, there are presently 128 designated burn centers in 43 states. Analysis of US records submitted to the national burn repository from 73 burn centers reporting data during the ten year period to 2007 showed that injury from fire and flame led to 40% of presenting cases, with scalds accounting for 30%, and found to be the most prevalent cause in children under 5 years (4). Length of stay has declined over the past 10 years for both sexes from approximately 11 days to 7 days. Mortality for females dropped 2% over 10 years to 4.4% in 2007, whilst male mortality remained constant at 5% (4).

Burn Teams

The management of burn injury may well represent the surgical specialty with the greatest integration of health professionals, seeing the most benefit from the influence of truly multi-disciplinary care. This has occurred as a consequence of the complex nature of burn injury necessitating a diverse variety of skills for optimal modern care. A single specialist cannot be expected to possess the range of skills, knowledge and energy required for the comprehensive care of the patient. Reliance has been placed on a group of specialists to provide integrated care through innovative organization. (Figure 1)

Figure 1

The importance of a multidisciplinary approach involving the entire burn team working towards the common goal of optimizing the burn patient's care cannot be understated.

Burn Surgeons

Ultimate responsibility and overall control for the care of a severely burned patient lies with the admitting burn surgeon. Depending on the locale of the burn unit and training system of that region of the world, burn surgeons may come from a training background of either plastic surgery or general surgery. Burn surgeons will also have acquired additional experience of burn surgery and critical care.

Technological advancements within medicine have brought great benefits but have inevitably resulted in increasing sub-specialization. The array of specialist skills potentially required for the care of individual patients is extensive. This requires that surgeons must be aware of their own limitations, knowing when to request the input and advice of specialist colleagues, building on such relationships for the long-term benefit of the unit and avoiding isolation.

The performance of any team relies heavily on timely and good communication between its members. The surgeon leading the team should be a skilled communicator, proficient in providing clear instructions, receiving information, and facilitating discussion within the diverse group of specialists that comprise the team. With the increasing workload associated with centralized burn care, the senior surgeon must be prepared to delegate priority tasks to various members of the team, supporting their empowerment and maintaining clear communication channels for feedback.

Nurses

Nursing staff form the largest section of the multidisciplinary burn team, responsible for implementing the daily continuous care of the burn patient. Severely burned patients can be very challenging to care for, requiring intensive support physically as well as emotionally. Burn nurses require a range of skills from management of acutely unwell critical-care patients on mechanical ventilation and renal support, sophisticated wound dressing techniques, to emotional support for patients and their families. Nurses on a burn critical-care unit will often be the first to spot and bring attention to any changes in the condition of a patient and institute remedial action.

Due to the nature of the injury, burn patients often require a prolonged period of recovery both in the acute and rehabilitative phases. Continuity of nursing staff for patients allows trusting relationships and bonds to develop, improving satisfaction for both patients and staff.

The role of nursing staff has also expanded over recent decades to include specialist nurse practitioners as well as research nurses in some burn centers. Experience and knowledge of burn injury can be applied in more varied roles including nurse-led clinics and patient case-management, operating-room practitioners, performing research studies and procedures, and developing wider teaching roles such as burn management courses for non-specialists. Greater autonomy for specialist nurses promotes retention of experienced and senior staff, and enhances the efficiency of the burn team overall.

Anesthesiologists

Anesthesiologists with a specialist interest in burn-care form an integral aspect of the burn team. The treatment of major burn patients presents challenges from a number of aspects where the skills and experience of anesthesiology in managing various aspects of care is invaluable. Burn patients may present a number of complex anesthetic issues including airway management, ventilation, heat-loss, fluid and electrolyte balance, and circulatory instability.

The burn-team anesthesiologist will have the knowledge and expertise to deal with the challenges presented by the pathophysiological changes related to burn injury. The release of inflammatory mediators and consequential systemic hemodynamic instability and metabolic effects of burn injury will reduce a patient's physiological reserves and ability to compensate for the stress of any surgery. Once resuscitated, patients may therefore be most fit for major surgery soon after injury (5). Early excision of the burn wound will aid to reduce inflammation and the risk of infection, but may also mean that the process of resuscitation is still proceeding whilst a patient undergoes surgery.

As part of the multidisciplinary approach, consideration is given to all aspects of a patient's care when, for example, intra-operative management decisions are made, in order to coordinate treatment goals with the team and so facilitate the optimal care of the patient. Burn patients may require multiple operative procedures, dressing changes, and wound assessment during their acute stay on the critical-care unit. Patients at risk of airway compromise due to inhalation injury will require early intubation and may benefit from expertise in fiber-optic guided intubation as well as detailed assessment by subsequent bronchoscopy. On the burn-unit, anesthesiologists will provide expertise in pain control and comfort management and may assist in optimizing mechanical ventilation, fluid management and circulatory support.

Respiratory Therapists

Pulmonary injury suffered by burn patients can be severe and arises due to inhalation injury, impaired ventilatory mechanics, as well as due to sepsis and the systemic inflammatory response following severe burns. As mortality in the US has declined from earlier predominant causes such as shock and sepsis due to the implementation of early fluid resuscitation, early wound excision and antimicrobial use, smoke inhalation injury in association with burns has become a leading cause of death(6).

Respiratory therapy forms an essential aspect of the burn treatment program if a favorable outcome is to be achieved. Through a protocol-based approach, respiratory therapists provide a range of skills to evaluate pulmonary mechanics, enhance patient ventilation, and reduce the risks of complications. On the burn unit, these may include assistance with airway management and diagnostic bronchoscopy in cases of inhalation injury, arterial blood gas assessment, optimizing mechanical ventilator settings, and chest physiotherapy to relieve atelectasis and the reduce the risks of pneumonia. In the clinical research and rehabilitation setting, evaluation may include indirect calorimetry to calculate resting energy expenditure, and pulmonary function testing.

Occupational & Physical Therapists

Rehabilitation following severe burn injuries requires an individualized multidisciplinary approach to achieve the optimum functional outcome possible for every patient. Planning of a program begins on admission and is tailored to the individual needs of a patient through the various recovery stages. Burn patients require intensive dedicated input from rehabilitation therapy members of the team if burn sequelae such as scarring, contractures, and loss of function are to be minimized. Treatment modalities available include a variety of splints and pressure garments to minimize scaring and contractures, to aerobic and resistive exercise to maintain function, strength and range of movement.

Considerable technical and creative skill is required to construct and adapt items and programs to match the particular needs of a patient, based on knowledge and familiarity with burn injuries. Post-burn resistance and aerobic exercise programs have been shown to improve muscle strength and power and lean body mass gain during the rehabilitation stages (7), and reduce the number of surgical interventions required for scar contracture release (8).

Substantial time and effort will be invested in providing explanation, persuading and motivating patients, obtaining their cooperation and trust in order to guide them through interventions that are often initially uncomfortable or painful, inconvenient, and time-consuming. Long-term compliance is rewarded with optimal functional and aesthetic outcomes.

Dietician

Patients with major burns require intense nutritional support to address massively elevated energy and protein demands. Hypermetabolism and muscle-protein catabolism following major burns increases proteolysis by up to 50% and leads to debilitating losses in lean body mass (9). The dietician or nutritionist on the burn team monitors the dietary needs of the patient and provides the nutritional recommendations and feeding regimen to meet changing demands. Nutritional assessment should review any relevant features such as pre-existing medical conditions, malnutrition, malabsorption, dental disease, drug dependency and alcoholism, all of which may impact the nutritional status of the patient. Nutritional monitoring following injury may be complex and may be aided by objective assessment of resting energy expenditure through the use of indirect calorimetry.

Implementation of early enteral feeding has been shown to improve outcomes and should be considered the first choice in suitable patients. Enteral nutrition can be started safely within hours of burn injury and was shown to reduce caloric deficit and improve nitrogen balance (10-12) Preservation of gut mucosal integrity as a barrier to bacterial translocation may also reduce rates of sepsis (13,14). Goal-directed nutritional support is essential in improving outcomes following burn injury.

Psychosocial Experts

Burn injury can have a devastating impact on the emotional and psychological well-being of a patient and their families. Depending on the mechanism of injury, bereavement, deliberate self-harm, and non-accidental injury may raise further issues that impact the psychological health of the patient. Psychologists, psychiatrists and social workers in the multidisciplinary team provide expertise in assisting patients and their families to cope with the effects of the injury and manage the transition to come to terms with the grief and consequences of the injury.

The patient's mental state will impact on various aspects of their care including pain tolerance, anxiety level, and motivation, and addressing the psychological aspects of a patient care facilitates their overall treatment. Disfigurement with the loss of facial and body image is also a bereavement experience, and how this is addressed in the early stages may be critical in the long-term(15). Care-givers may also require support from psychosocial experts in dealing with the emotional issues of treating severely injured patients (16).

Centralization of burn-care has allowed greater resources and expertise to be devoted to treating and studying the psychological and social impact of burn injury, and enabled further research into developing optimal therapeutic techniques and strategies. As mortality is reduced as a consequence of improved burn management, greater emphasis should continue to be devoted to improving the long-term psychosocial health of patients. With appropriate support and interventions, severe burn patients are presently able to reintegrate into society and lead productive and fulfilling lives.

Dynamics and Functioning of the Burn Team

The multidisciplinary approach to burn care involves considering all aspects of a patient's care when treatment decisions are made. By considering subsequent effects and consequences of any decisions, and with individuals coordinating with all team members, the team may hope to deliver the optimal possible outcome for a patient from every aspect of their care.

Research into the area of multidisciplinary teams has highlighted the wide range and variety of such teams within the healthcare setting, as well as some shortcomings in evidence for their efficacy (17) Clearly defining the various components of these teams will allow improved analysis in the future. The different features are useful to consider when assessing how well a team is functioning. (Table 1)

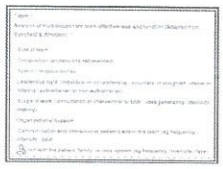


Table 1

Analysis of multidisciplinary team effectiveness and function (Adapted from Schofield & Amodeo)17

Effective communication is one of the key factors determining the successful functioning of the team, both within the team and with patients and their families. The diverse background and professions within the team, constitutes a major positive attribute, but also has the potential for elevated conflict and dysfunction of the team, as well as the possibility of variable and confused messages between different specialists and the patient and their family, leading to a loss of confidence (18).

The team will have the same overall aim of providing the best care possible that leads to the optimal functional outcome for the burn patient. Despite this, it is inevitable that different professions will have varying and conflicting opinions as to the best course of action at varying stages. Additionally, patients and their families also need to cooperate and are in a position to further increase differences within the team, and to manipulate care-givers against one another (19). Such disagreements are minimized through frequent and open communication.

Skill in managing the emotional dynamics of the team to resolve conflicts, through understanding and respecting diverse perspectives, and acknowledging the value of each members input has been closely linked to smooth and effective functioning of groups (20,21). The role of the chief burn surgeon as leader of the unit involves both deciding upon and directing the team towards achieving tasks, as well as facilitating positive interaction between members to enhance feelings of worth (22,23). It must be remembered that effective leadership is not domination, but the art of persuading people to work toward a common goal (20). A functioning team is formed from individuals of a group once members are able to share common goals, and meet objectives that serve coinciding values (24).

Centralized Care – Importance of the Burn Unit

Prior to the development of burn units, for many years burn patients were attended to in general hospitals similar to any other trauma. With an increased understanding of the extent, severity and prolonged requirements of burn injury, it became clear that specialized burn units would be needed to adequately address the needs of these patients. The development of burn units, where care is centralized, envisaged a core team absorbed in the problems of the patient, with a multidisciplinary team of experts contributing nuanced perspectives to treat patients holistically. This patient centered approach is necessary for the development of continuous feedback from therapeutic responses during the emotional, psychological, and physiological recovery and rehabilitation of the burned patient. The success of this model is reflected by an overall survival of 95.1% of burned patients in 2007 and a decrease in length of stay to almost half in the last nine years in US burn centers (25).

The skin, as the largest organ in the body, is a primary line of defense of the immune response, designed to defend against infection(26). Severely burned patients not only lose this protection to a major extent, becoming particularly susceptible to infection (27), but also lose a great amount of heat, plasma and liquids that if left uncorrected, will cause hypothermia, hypovolemic shock and renal insufficiency (28). These conditions must be addressed properly in the first hours following injury and once stabilized, the patient will require specialized wound coverage and a sterile and warm environment. The centralized attention offered in the burn center not only provides this controlled and standardized environment, indispensable for the survival of these critically ill and immunocompromised patients, but also presents the best opportunity for clinical and basic science research.

Although the definition of centralize is to concentrate control or power under a single authority (29), and in organizational theory, it is related to administrative function between corporations (30), here we are not questioning either the hierarchical relationships needed in organizational structures nor the benefits of dispersing decision-making into lower organizational structures. Instead we

are emphasizing the need for highly specialized personnel together in a customized facility where the resources necessary are readily available to provide the best possible attention to the acute and long term care aspects of burns care.

Burns care requires more than fluid administration, antibiotics, and skin grafting; even in the early acute phases, the patients need physiotherapy, diverse types of splinting and personalized exercise programs that need to be readjusted by therapists according to the daily needs of the patients. Psychological evaluation is needed in acute care, as depression and acute stress disorder can be found with burned patients (31), and should be identified as soon as possible by psychiatrists or psychologists to initiate early treatment. Intensive respiratory therapy is needed as pneumonia is the most frequent complication in burned patients (25), and assisted ventilation is frequently needed, making respiratory therapists indispensable in these situations. These circumstances highlight the need for the multidisciplinary burn team to be present in the daily assessment of the patient.

Once the wounds are healed and the patients are released from the burns unit, they should be re-evaluated on a regular basis by the burn surgeon to assess the evolution of their scars in order to identify contractures or hypertrophic scars for prompt treatment; the range of motion should be evaluated to assess the efficacy of physical rehabilitation or the need for the physiotherapists to readjust the splints; psychological evaluation is required, as these patients can develop post-traumatic stress disorder and depression (32); pediatric patients need to be evaluated to assess whether growth and weight gain are adequate; the family of the patient need to be educated in the early identification of complications, the proper administration of medication and application of pressure garments. The administrative personnel and physicians assistants must coordinate the surgeries and follow up visits. Standardized pictures should be taken at every visit by the photography department. If the patients are enrolled in a long term study, research nurses and the research team should evaluate the compliance of the patient with the protocol to obtain pertinent data.

All these aspects are better achieved if all the specialists are in the same unit, allowing an integral examination in a shorter time and at lower costs than if they were in different facilities. This is particularly important and convenient for patients, as many have to travel long distances from their homes for follow up visits.

Burns Research

As medical knowledge has evolved as a consequence of advances made in medical research, similarly, the quality and techniques of care for burns patients have dramatically improved due to advances in burns research. This is certainly a fortunate development, most clearly for burns victims and their families. These advances also have wider application to other branches of medical care.

Burns research is applicable to some degree to most trauma patients, for example critical-care patients commonly seen in surgical intensive care units (ICU), and as burns patients often represent the most severe form of trauma patient (33), research and expertise can be of particular importance. Continued investment and scientific interest in basic and clinical burns research has meant that medical literature has increased logarithmically. This can be seen in the 8,000 burns related articles published in the previous 10 years, a stark contrast to the 11,000 articles published in the previous 90 years (figures according to Medline).

The multidisciplinary approach, including collaboration between direct-care providers and basic scientific disciplines, has been a component feature of this advancement, one that deserves some emphasis (34). From the first burn centers in the United States, the organizational design of these centers has played its part in stimulating collaboration, leading to a self-perpetuating feedback loop of clinical and basic scientific inquiry(35). In essence, this consists of clinicians and scientists presenting their findings to one another, fostering debate and enquiry, and resulting in potential new treatments and approaches for clinicians. This engenders new challenges and aids in the development of new avenues of investigation for further basic scientific enquiry. If successful, the end result is a sustained positive-feedback loop that provides practical benefits to patients whilst also enhancing academic stimulation and achievement for the team.

The research team is traditionally considered to consist of the research fellows and post-doctoral positions dedicated full-time to research. In reality, the team comprises every single person involved in the medical attention of the burn patient, including but not limited to residents, nurses, therapists, physician assistants, specialists, and others who contribute to the practical success of the research carried out.

Footnotes

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Attachment D

ACS Guidelines for Trauma Centers Treating Burn Patients (Chapter 14)

RESOURCES

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Guidelines for Trauma Centers Caring for Burn Patients

Burn Center Verification is overseen by the American Burn Association (ABA) Verification Committee with the endorsement of the American College of Surgeons Committee on Trauma (ACS-COT). The criteria for Burn Center Verification (and criterion deficiencies) are subject to change in a much more fluid fashion than is possible with the publication of this chapter. The ABA, in agreement with the ACS-COT, thus presents in this chapter the *principles* required for the operation of burn centers.

The ABA/ACS verification was developed to externally validate quality of care by U.S. burn centers. Increasingly, the process will emphasize outcomes, in addition to evaluating infrastructure and process. The ABA verification website includes the specific requirements for verification, including criterion deficiencies. (Click on the "Verification" tab at *www.ameriburn.org*.)

Each year in the United States, burn injuries result in more than 500,000 hospital emergency department visits and approximately 50,000 acute admissions. Most burn injuries are relatively minor, and patients are discharged following outpatient treatment at the initial medical facility. Of the patients who require hospitalization, approximately 20,000 are admitted directly or by referral to hospitals with specialized multidisciplinary programs dedicated to the treatment of burn injuries. These service capabilities, along with the setting in which they are provided, are termed *burn centers*. The guidelines in this chapter, developed in partnership with the ABA, define the burn care system, organizational structure, personnel, program, and physical facility involved in establishing the eligibility of a hospital to be identified as a burn center.

Trauma centers that do not have a burn center within the same hospital should establish communication and collaboration with a regional burn center and assess, stabilize, and arrange safe transport for seriously burned patients. Assessment should follow Advanced Burn Life Support® (ABLS®) and Advanced Trauma Life Support® (ATLS®) guidelines. The burn center should be contacted and the potential necessity for transfer discussed with the senior burn surgeon. In the absence of other injuries, the condition of burn patients usually is easily stabilized, and patients can withstand early long-distance transport with resuscitation en route.
Trauma centers that refer burn patients to a designated burn center must have in place written transfer agreements with the referral burn center (CD 14–1). It should be the responsibility of the trauma center and the burn center director to keep the transfer agreement current. Collaborative arrangements for the transfer of patients from other hospital units, such as a trauma unit or a surgical intensive care unit, should include protocols for transfer and acceptance.

Burn patients who are treated by the trauma service and who meet other inclusion criteria, such as length of stay, should be included in the trauma registry and counted among the total trauma population. Burn patients who are transferred externally to a burn center or internally to a burn service should not be included in the trauma registry or be counted in the total trauma population.

Burn Center Referral Criteria

A burn center may treat adults, children, or both. Burn injuries that should be referred to a burn center include the following:

- Partial-thickness burns of greater than 10 percent of the total body surface area.
- Burns that involve the face, hands, feet, genitalia, perineum, or major joints.
- Third-degree burns in any age group.
- Electrical burns, including lightning injury.
- Chemical burns.
- Inhalation injury.
- Burn injury in patients with preexisting medical disorders that could complicate management, prolong recovery, or affect mortality.
- Burns and concomitant trauma (such as fractures) when the burn injury poses the greatest risk of morbidity or mortality. If the trauma poses the greater immediate risk, the patient's condition may be stabilized initially in a trauma center before transfer to a burn center. Physician judgment will be necessary in such situations and should be in concert with the regional medical control plan and triage protocols.
- Burns in children; children with burns should be transferred to a burn center verified to treat children. In the absence of a regional pediatric burn center, an adult burn center may serve as a second option for the management of pediatric burns.
- Burn injury in patients who will require special social, emotional, or rehabilitative intervention.

Guidelines for the Operation of Burn Centers

Burn Care System

A *burn care system* should be considered a coordinated component of an emergency medical services system that encompasses one or more burn centers and features communication links to, and triage–transfer protocols among, health care facilities, prehospital personnel, and transportation services. Within this comprehensive emergency medical system, trauma and burn centers should work together in a coordinated way to develop educational and performance improvement and patient safety (PIPS) programs that benefit injured patients. To fulfill this requirement of coordinated care, there must be commitment from the administration of the burn center, and the hospital should maintain accreditation with the Joint Commission or alternative accrediting agency. As evidence of this commitment, the burn center should have written guidelines for the triage, treatment, and transfer of burn patients from other facilities.

The burn center must also demonstrate commitment to the development of, and participation in, regional mass casualty/disaster coordination. This burn center commitment must include providing education to the community regarding the early treatment of burn care, such as sponsoring ABLS® courses.

Organizational Infrastructure

The burn center must maintain policies and procedures that document the structure, staffing, and operation of the organization to verify the administration and staffing of the center. These policies and procedures should identify criteria for admission, use of burn beds by other services, criteria for discharge and follow-up, transfer policies, and care for inpatient burn patients outside the burn unit.

The burn center must also maintain a database of its admissions. At a minimum, verification requires that the burn center submit to the ABA's National Burn Repository a de-identified minimal data set (available on the ABA website) for all admissions. This process is easily accomplished with the ABA's TRACS system, but it may be accomplished through other databases. It is required that all patients admitted to the burn center for acute care be included in this database. Additionally, it is recommended that burn centers use their local registry to track outcomes and regularly review these data to identify areas for improvement.

Verification requires a large enough number of admissions to maintain clinical competency (for medical staff, nursing, and therapy) in the critical care nature of burn patients. This requirement means that the burn center must admit and maintain a census that indicates continuous exposure to complex burn care. Because a burn center may be verified as either an adult, pediatric, or combined adult and pediatric center, the burn center must have sufficient experience with each type of patient (adult and pediatric) that staff members have the clinical skills necessary to treat patients in the extremes of age. To be verified as an adult center, the burn program must admit and maintain an adequate census of adults; for pediatric burn centers, the program must admit and maintain a census indicative of experience in dealing with young children (younger than 4 years) and older children with extensive burns. Exact volume requirements are available on the ABA website. With the national trend toward outpatient burn management, experience with outpatient burns, and especially same-day surgery, fulfills some of these volume requirements. However, even burn centers with a robust outpatient burn program must demonstrate adequate experience with critical care inpatient burn patients.

Medical Personnel

Burn Center Director

The burn center director must be granted the necessary authority to direct and coordinate all services for patients admitted to the burn center. The director must maintain current board certification in surgery or plastic surgery and preferably have current board certification in critical care; additionally, the burn center director either must have completed a burn fellowship or must have at least 2 years of clinical burn experience. The burn center director is responsible for creating and maintaining policies and procedures related to most activities involved in the care of burn patients. The burn center director must ensure that medical care conforms to burn center protocols. The specific requirements are covered at the ABA website. The burn center director should demonstrate dedication to the burn program and expertise in the management of burn care by managing an adequate number of burn patients and performing a large enough number of burn

surgical operations. As leader of the burn program, the director should be involved with burn-related research or intellectual pursuits. The burn center director must demonstrate engagement in community outreach and regional burn education programs such as ABLS.

Some burn centers, especially outside the United States, have a successful model of care in which the burn center director is the provider who oversees surgical care and a dedicated burn intensivist oversees much of the medical management. This system is allowable as long as the model represents a coordinated team approach to care that includes participation in all burn-related activities, including education, process, and PIPS efforts. Consulting a separate critical care or medical care team to manage patients does not meet the requirements for a verified burn center.

Attending Burn Surgeons

The burn center director may appoint qualified attending staff burn surgeons to participate in the care of patients on the burn service. The attending surgeons must be qualified (based on board certification or the standards established in Chapter 6, Clinical Functions: General Surgery). These surgeons must also demonstrate expertise in the care of burn patients by completing a burn fellowship or by having at least 2 years of experience in the management of burns within the past 5 years. They must participate in the care of an adequate number of patients and maintain an adequate amount of continuing medical education.

Burn Service Coverage

The burn center must have 24-hour continuous coverage and timely attending surgeon backup. An on-call schedule must be maintained. In addition to call coverage, the burn center should have readily available consultants of multiple specialties (as indicated on the ABA website).

Nursing Personnel

Nurse Manager

A nurse manager qualified to manage the nursing program of the burn center must have sufficient experience in burns and nursing leadership to lead the staff. As evidence of the nurse manager's leadership, there should be an organizational chart indicating his or her role in the burn program. The nurse manager should be an active participant in burn-related clinical, education, and PIPS activities. These requirements can be addressed by attending regional, national, or international burn meetings; being an ABLS instructor; and being involved in the ABA.

Nursing Staff

The burn center should have qualified nurses to take care of the burn patients. Nurse staffing grids should be dictated by a patient care plan. Commitment to maintaining competencies related to burn and wound care should include a burn orientation program and ongoing burn-related educational modules. Staff should receive burn-related continuing education yearly.

Rehabilitation Personnel

Because rehabilitation is so important for the functional recovery of burn patients, an organized rehabilitation program with patient-specific goals is essential. This program requires a sufficient number of licensed physical therapists (PTs) and occupational therapists (OTs) who cover the burn rehabilitation needs of the burn unit. Both PT and OT coverage is required, and speech therapy is ideal. The PTs and OTs must be licensed, and working in the burn program must be their primary role. They must maintain continuing education and participate in burn-related education.

Other Personnel

Because burn care requires an organized and coordinated multidisciplinary team effort, many specialties contribute to the program. Some of the key ancillary team members are the following:

- Physician extenders
- Pediatricians (mandatory for pediatric burn centers)
- Physiatrists
- Social workers
- Nutritional services personnel
- Pharmacy personnel
- Respiratory care services personnel
- Clinical psychiatry or psychology personnel
- Peer support personnel
- Child life or recreational therapy personnel (mandatory for pediatric burn centers)
- Continuity of care program members

More extensive details are provided on the ABA website; click on the "Verification" tab at *www.ameriburn.org.*

Performance Improvement and Patient Safety Program

All burn centers must demonstrate evidence of an active multidisciplinary PIPS program. The burn center director is responsible for running the PIPS program. However, a multidisciplinary committee that includes independent peer review must oversee the performance program and must meet at least monthly to identify opportunities for improvement, take corrective actions, and resolve problems in a timely manner. There must be clear evidence of loop closure.

There must be at least monthly morbidity and mortality conferences with the participation of physicians other than those involved in the immediate care of burn patients. All significant complications and all deaths must be discussed. Recommendations for improvement as indications of loop closure must be documented as warranted. All records of the conference must be maintained.

There should be a multidisciplinary weekly patient care conference to discuss patient care needs. These conferences should include all of the team disciplines and must document the patient progress and transition of care.

The burn center must perform an annual audit of outcomes, including severity of burns, mortality, incidence of complications, and length of hospitalization. Other recommended data review includes tracking longer-term patient outcomes such as ability to return to work or school, as well as reviewing burn center financials.

Other Programs

Educational Programs

The burn center must provide educational programs for the medical and other staff. If residents and fellows rotate on the burn service, an educational plan must also exist for them.

Infection Control Program

The burn center must demonstrate a commitment to minimizing hospital-acquired infections. The center must have an effective means of isolation consistent with the principles of universal precautions and barrier techniques to decrease the risk of cross-infection and cross-contamination. Ongoing review of nosocomial infections must be available to the burn team.

Burn Prevention Program

The burn center must have an active burn prevention program to promote burn awareness to the community.

Research Program

The burn center must participate in some form of research related to burn care. This research could include robust PIPS initiatives that are used to educate the staff internally. The burn center director must be involved in this process; ideally, nursing and therapy leadership also participate in these efforts.

Configuration and Equipment

The burn center must maintain a specialized nursing unit dedicated to acute burn care. The center must be used primarily for patients with burn injuries or wounds with needs similar to those of major burn wounds. There must be at least four beds with intensive care qualifications. It is expected that the burn center have the equipment necessary to manage burn patients (see the ABA website). There must be operating suites that allow for the appropriate and timely surgical treatment of burn patients. Anesthesia support for critically ill burn patients must also be evident.

There should appropriate protocols and interactions with the emergency department of the hospital.

Supplemental Readings

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Attachment E

Mission Hospital Transfer Guidelines to Burn Hospitals

MANUAL: Provision of Care, Treatment, and Services: Trauma Services	POLICY NUMBER: 2PC.TS.0504
TITLE: Transfer Guidelines to the Burn Hospital	PAGE NUMBER: 1 of 3
ORIGINATION DATE: January 1999	REVISION DATE: November 14, 2018
CONTENT MANAGER: Jaclyn Gosnell, MSN, RN, CEN- Trauma Program Manager	
APPROVED BY: Kelli Moore, MSN, RN Administrative Director Trauma Services William Shillinglaw, DO,FACOS,FACS,MHA Medical Director Trauma Services Karen Olsen, MBA, BSN, RN, NE-BC- Chief Operating Officer Ruth Zyry, PhD (c), RN- Chief Operating Officer	
The above named individuals have reviewed this document and certified their approval of said document via an electronic approval system considered equivalent to an actual signature on paper.	

PURPOSE:

To ensure timely and appropriate transfer of burn patients to the burn hospital. This hospital policy is applicable to Mission Hospital, Inc. and other locations where services of the hospital are provided.

POLICY:

1. All pre-hospital providers will follow their treatment of the burn patient protocol/algorithm.
2. All burns are to be accepted.
3. Trauma activation will occur as outlined in policy number 2PC.TS.0202 "Code Trauma/Trauma Alert/Trauma Alert Geriatric Triage Criteria-Adult and Pediatric.
4. The trauma team will respond as outlined in policy number 2PC.TS.0201, "Code Trauma/Trauma Alert/Trauma Alert Geriatric Response Protocol."

TRANSFER CRITERIA:

A. The American Burn Association has identified the following injuries as those usually requiring referral to a burn center:
   1. Partial-thickness and full-thickness burns greater than 10% of the total body surface area.
   2. Partial-thickness and full-thickness burns greater than 20% BSA in other age groups
   3. Partial-thickness and full-thickness burns involving the face, eyes, ears, hands, feet, genitalia, or perineum or those that involve skin overlying major joints.

4. Full-thickness burns greater than 5% BSA in any age group.
5. Significant electrical burns including lightning injury (significant volumes of tissue beneath the surface may be injured and result in acute renal failure and other complications)
6. Significant chemical burns
7. Inhalation injury
8. Burn injury in patients with preexisting illness that could complicate management, prolong recovery, or affect mortality
9. Any burn patient in whom concomitant trauma poses an increased risk of morbidity or mortality may be treated initially in a trauma center until stable before transfer to a burn center.
10. Children with burns seen in hospitals without qualified personnel or equipment for their care should be transferred to a burn center with these capabilities.
11. Burn injury in patients who will require special social and emotional or long-term rehabilitative support, including cases involving suspected child abuse and neglect.

TREATMENT:

A. Emergency Department responsibilities:

1. The patient will be cared for per ATLS guidelines.
2. The extent of the burns and need for transfer will be assessed.
3. Telephone calls will be placed to the trauma surgeon, and pediatric intensivist, if applicable, to notify of the patients' arrival.
4. The Emergency Department MD will discuss with the patient/family the options available: Wake Forest Baptist Medical Center, Shriner's, University of North Carolina Medical Center at Chapel Hill, Joseph M Still Burn Center (Augusta), or Erlanger Medical Center.
5. The Emergency Department MD will place a call to the applicable Burn Hospital.
6. If fixed wing aircraft is necessary, confirmation call will be placed to confirm aircraft in route and ETA.
7. A call will be placed to RTS/MAMA to confirm availability of transport and provide ETA.
8. The patient will be transferred to PICU as soon as possible for pediatric patients while awaiting transport arrival
9. For the adult patient awaiting transfer, patient will remain in the Emergency Department.
10. Care plan will be developed in conjunction with the Trauma Surgeon, Emergency Department Provider, and the Burn Hospital Protocols.

A. **B. PICU Responsibilities:**

1. Transfer of the patient from the Emergency Department will occur as soon as possible.
2. Burn Hospital Protocols will be followed.
3. Prepare patient for transfer to burn hospital.

B. C. **Transport Responsibilities**:

1. Fixed wing: Based on ETA of fixed wing transport team, RTS will provide the team

transportation between the airport and the hospital. They will remain with the transport team during preparation of the patient and will provide transportation back to the airport.

2. Ground and Rotor Wing Transport: will follow burn and transfer of the critical patient protocols.

REFERENCE:

American Burn Association (2006). Burn Center Referral Criteria. http://ameriburn.org/wp-content/uploads/2017/05/burncenterreferralcriteria.pdf *accessed November 13, 2018.*