

Major Head Injury

At Healthfirst, we are committed to helping providers accurately document and code their patients' health records. This tip sheet is intended to assist providers and coding staff with the documentation and ICD-10-CM selection, on services submitted to Healthfirst - specifically for **Major Head Injury**. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for the services outlined. Coverage decisions are based on the terms of the applicable evidence of coverage and the provider's participation agreement. This includes the determination of any amount that Healthfirst or the member owes the provider.

Major Head Injury - a type of head trauma that can cause significant damage to the brain, leading to changes in consciousness, memory, and overall function.

ICD-10 Codes and Descriptions

Fracture Of Skull And Facial Bones		Intracranial Injury	
ICD-10-CM	Description	ICD-10-CM	Description
S02.0*	Fracture Of Vault Of Skull	S06.0X*	Concussion
S02.1*	Fracture Of Base Of Skull	S06.1X*	Traumatic Cerebral Edema
S02.2*	Fracture Of Nasal Bones	S06.2X*	Diffuse Traumatic Brain Injury
S02.3*	Fracture Of Orbital Floor	S06.3*	Focal Traumatic Brain Injury
S02.4*	Fracture Of Malar, Maxillary & Zygoma Bones	S06.4X*	Epidural Hemorrhage
S02.5*	Fracture Of Tooth (Traumatic)	S06.5X*	Traumatic Subdural Hemorrhage
S02.6*	Fracture Of Mandible	S06.6X*	Traumatic Subarachnoid Hemorrhage
S02.8*	Fractures Of Specified Skull And Facial Bones	S06.8*	Other Specified Intracranial Injuries
S02.9*	Fracture Of Unspecified Skull And Facial Bones	S06.9X*	Unspecified Intracranial Injury

Documentation and Coding

Fracture Of Skull And Facial Bones		Intracranial Injury	
ICD-10-CM	Description	ICD-10-CM	Description
-	-----	S06.A*	Traumatic Brain Compression & Herniation

*Requires additional digits to complete the code.

Clinical Documentation Recommendations

- Documentation must indicate how the injury occurred (e.g., an auto accident, fall from the ladder at work, fall when riding a bike).
- If the patient has a history of both acute and chronic subdural hematoma the timing between injury and symptoms must be clearly documented.
- Clearly document any signs of either contusion and/or laceration in the medical record, with differentiation of each.
- Ensure that any connection between cerebral swelling or edema and the patient's personal history of trauma are documented clearly in the medical record.

Identify Type of Encounter			
(A) Initial Receiving active treatment	(D) Subsequent Recovery, medication adjustment, cast removals	(S)Sequela Healed, but residuals exist	
Identify Location			
<ul style="list-style-type: none">• Orbital floor• Malar, maxillary, & zygoma bones• Mandible	<ul style="list-style-type: none">• Vault of the skull• Base of the skull• Nasal bones• Tooth (traumatic)• Skull & facial bones	<ul style="list-style-type: none">• Other specified skull & facial bones• Unspecified skull and facial bones	<ul style="list-style-type: none">• Brain• Cerebral• Intracranial
Type of injury			
<ul style="list-style-type: none">• Superficial• Abrasion• Blister	<ul style="list-style-type: none">• Contusion• Splinter• Open wound	<ul style="list-style-type: none">• Laceration with and without foreign body• Puncture wound with foreign body	<ul style="list-style-type: none">• Puncture wound without foreign body• Open bite

Documentation and Coding

Type of Fracture & Healing			
<ul style="list-style-type: none">• Open Fracture<ul style="list-style-type: none">○ Type I○ Type II○ Type IIIA, IIIB, IIIC• Closed Fracture	<ul style="list-style-type: none">• Nonunion Fracture• Malunion Fracture	<ul style="list-style-type: none">• Displaced Fracture• Nondisplaced Fracture	<ul style="list-style-type: none">• Routine Healing• Delayed Healing
Identify Symptoms			
<ul style="list-style-type: none">• Functional impact or limitations	<ul style="list-style-type: none">• Headaches, cognitive impairment, slow reaction, mobility	<ul style="list-style-type: none">• Sleep disturbance	
Identify Any			
<ul style="list-style-type: none">• Dislocation• Sprain• Nerve injury• Injury to blood vessels• Injury to muscles and tendons• Other	<ul style="list-style-type: none">• Common symptoms i.e. seizures• Spinal cord injury (indicate the level and completeness of lesion)• Intracranial injury<ul style="list-style-type: none">• With cerebral edema• Diffuse traumatic brain injury• Focal brain injury• Traumatic amputation<ul style="list-style-type: none">○ Complete or Partial• Loss of consciousness <i>(indicate number of hours & minutes)</i>	<ul style="list-style-type: none">• Concussion• Amnesia• Cognitive impairment• Hemorrhage Specify area of brain• Crush injury• Avulsion	
Diagnostic Tools	Complications	Treatment	
<ul style="list-style-type: none">• Labs• X-rays, MRI, CT, PET scan• Sensor to monitor intracranial pressure (ICP)• Neuro evaluation• Other	<ul style="list-style-type: none">• Infections, Thrombosis, Brain bleed• Seizure• Coma• Other comorbidities	<ul style="list-style-type: none">• Prognosis• Medications• Referrals for PT/OT/Speech, Rehab• Therapeutic procedure• Indicate If patient is in the healing stage• Surgery	

Documentation and Coding

Coding Tips

- Always review the medical record for the type of encounter and type of fracture/healing stage to be able to code the most specific diagnosis.
- Open or closed fracture - when not specified the default is closed
- Displaced or non-displaced - when not specified the default is displaced
- Multiple fractures are sequenced in accordance with the severity of the fracture
- Code also any associated Intracranial Injury from **S06*** category
- Code also any associated Open Wound Of Head from **S01*** category
- Skull fractures are coded from **S02*** category
- For **S06.2*** - Diffuse axonal brain injury, if applicable, code also Traumatic Brain Compression or Herniation **S06.A***
- To identify mild neurocognitive disorders due to known physiological condition code from **F06.7***
- For **S06.A*** - Traumatic Brain Compression & Herniation code first the underlying traumatic brain injury, such as:
 - Diffuse Traumatic Brain Injury **S06.2***
 - Focal Traumatic Brain Injury **S06.3***
 - Traumatic Subarachnoid Hemorrhage **S06.6***
 - Traumatic Subdural Hemorrhage **S06.5***
- For **S06.8A*** - Primary blast injury of brain, not elsewhere classified, if applicable, code also Focal Traumatic Brain Injury **S06.3***
- Codes that cannot be coded together:
 - **S09** - Head Injury with **S06** -Intracranial Injury
 - **S02.85** - Orbit NOS with **S02.84*** - Lateral Orbital Wall
 - **S02.85** - Orbit NOS with **S02.83*** - Medial Orbital Wall
 - **S02.85** - Orbit NOS with **S02.3*** - Orbital Floor
 - **S02.85** - Orbit NOS with **S02.12*** - Orbital Roof
- Do not assign **Z87.820** Personal history of traumatic brain injury, when residual conditions persist after an intracranial injury.
 - The codes for the residual conditions should be listed first, followed by a code from category **S06** using seventh character S to identify sequelae.
- If the cause is a traumatic brain injury and the coma scale is not documented in the medical record or cause of the coma is unknown code **R40.20** - Unspecified coma, should be assigned.
 - Do not report codes for unspecified coma, individual or total Glasgow coma scale scores (GCS) for a patient with a medically induced coma or a sedated patient.

*Requires additional digits to complete the code.

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Coding Example

Case 1	A patient was admitted following an all-terrain vehicle accident without loss of consciousness. Documentation states traumatic pneumocephalus, left subdural hematoma (SDH), bilateral temporal bone fractures with associated fluid in the bilateral mastoid air cells, sphenoid sinus, and maxillary sinus . Injury codes were assigned for the SDH (S06.5-) and temporal bone fractures (S02.19-). <u>Traumatic pneumocephalus is not specifically classified in ICD-10-CM.</u> Pneumocephalus is indexed to code G93.89, Other specified disorders of brain. However, this code alone does not appear to capture that the pneumocephalus was traumatic. Since pneumocephalus is also known as an intracranial aerocele, would it be appropriate to assign code T79.0XXA, Air embolism (traumatic), initial encounter, or code T79.8XXA, Other early complications of trauma, initial encounter, as an additional code to specifically capture traumatic pneumocephalus? What is/are the correct code(s) for traumatic pneumocephalus?
AHA Coding Clinic Year: 2024, 2nd Quarter, Volume 11, Number 2 Page 15	Assign codes G93.89 , Other specified disorders of brain, and S06.890A , Other specified intracranial injury without loss of consciousness, initial encounter, for traumatic pneumocephalus. An intracranial aerocele, or the presence of air in the intracranial space, is not the same as an air embolism, which involves air in the bloodstream. Therefore, code T79.0XXA is not appropriate. Pneumocephalus is specifically indexed to code G93.89 . Code S06.890A identifies the traumatic injury and is also coded to fully capture the patient's diagnosis.

References

- [Coding Clinic Advisor](#)
- [ICD-10-CM Official Coding Guidelines](#)
- [Traumatic Brain Injury](#)

Questions?

Contact us at [#Risk Adjustments and clinical Documentation@healthfirst.org](#).

For additional documentation and coding guidance, please visit the coding section on [HFproviders.org](#)

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Major Head Injury

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Page 5 of 5