**International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Codes Used in Traumatic Brain Injury**

**Acute Injury Codes**

Note that codes in categories 800, 801, 803, 804, 851, 852, 853, and 854 require a fifth digit as follows:

0. Unspecified state of consciousness
1. With no loss of consciousness
2. With brief [less than 1 h] loss of consciousness
3. With moderate [1–24 h] loss of consciousness
4. With prolonged [more than 24 h] loss of consciousness and return to preexisting conscious level
5. With prolonged [more than 24 h] loss of consciousness without return to preexisting conscious level
6. With loss of consciousness of unspecified duration
7. With concussion, unspecified

Note that these extenders do not apply to the 850xx series or 802xx series codes.

---

**Traumatic Brain Injury with Skull Fracture**

<table>
<thead>
<tr>
<th>Code Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>800.00–800.09</td>
<td>Fracture of vault of skull, closed, without mention of intracranial injury</td>
</tr>
<tr>
<td>800.10–800.19</td>
<td>Fracture of vault of skull, closed, with cerebral laceration and contusion</td>
</tr>
<tr>
<td>800.20–800.29</td>
<td>Fracture of vault of skull, closed, with subarachnoid, subdural, and extradural hemorrhage</td>
</tr>
<tr>
<td>800.30–800.39</td>
<td>Fracture of vault of skull, closed, with other and unspecified intracranial hemorrhage</td>
</tr>
<tr>
<td>800.40–800.49</td>
<td>Fracture of vault of skull, closed, with intracranial injury of other and unspecified nature</td>
</tr>
<tr>
<td>800.50–800.59</td>
<td>Fracture of vault of skull, open, without mention of intracranial injury</td>
</tr>
<tr>
<td>800.60–800.69</td>
<td>Fracture of vault of skull, open, with cerebral laceration and contusion</td>
</tr>
<tr>
<td>800.70–800.79</td>
<td>Fracture of vault of skull, open, with subarachnoid, subdural, and extradural hemorrhage</td>
</tr>
<tr>
<td>800.80–800.89</td>
<td>Fracture of vault of skull, open, with other and unspecified intracranial hemorrhage</td>
</tr>
<tr>
<td>800.90–800.99</td>
<td>Fracture of vault of skull, open, with intracranial injury of other and unspecified nature</td>
</tr>
<tr>
<td>801.00–801.09</td>
<td>Fracture of base of skull, closed, without mention of intracranial injury</td>
</tr>
<tr>
<td>801.10–801.19</td>
<td>Fracture of base of skull, closed, with cerebral laceration and contusion</td>
</tr>
<tr>
<td>801.20–801.29</td>
<td>Fracture of base of skull, closed, with subarachnoid, subdural, and extradural hemorrhage</td>
</tr>
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</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>801.40–801.49</td>
<td>Fracture of base of skull, closed, with intracranial injury of other and unspecified nature</td>
</tr>
<tr>
<td>801.50–801.59</td>
<td>Fracture of base of skull, open, without mention of intracranial injury</td>
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<tr>
<td>801.80–801.89</td>
<td>Fracture of base of skull, open, with other and unspecified intracranial hemorrhage</td>
</tr>
<tr>
<td>801.90–801.99</td>
<td>Fracture of base of skull, open, with intracranial injury of other and unspecified nature</td>
</tr>
<tr>
<td>802.0</td>
<td>Closed fracture of the nasal bones</td>
</tr>
<tr>
<td>802.1</td>
<td>Open fracture of the nasal bones</td>
</tr>
<tr>
<td>802.20–802.29</td>
<td>Closed fracture of the mandible</td>
</tr>
<tr>
<td>803.00–803.09</td>
<td>Other and unqualified skull fractures, closed, without mention of intracranial injury</td>
</tr>
<tr>
<td>803.10–803.19</td>
<td>Other and unqualified skull fractures, closed, with cerebral laceration and contusion</td>
</tr>
<tr>
<td>803.20–803.29</td>
<td>Other and unqualified skull fractures, closed, with subarachnoid, subdural, and extradural hemorrhage</td>
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<tr>
<td>803.80–803.89</td>
<td>Other and unqualified skull fractures, open, with other and unspecified intracranial hemorrhage</td>
</tr>
<tr>
<td>803.90–803.99</td>
<td>Other and unqualified skull fractures, open, with intracranial injury of other and unspecified nature</td>
</tr>
<tr>
<td>804.00–804.09</td>
<td>Multiple fractures involving skull or face with other bones, closed, without mention of intracranial injury</td>
</tr>
<tr>
<td>804.10–804.19</td>
<td>Multiple fractures involving skull or face with other bones, closed, with cerebral laceration and contusion</td>
</tr>
<tr>
<td>804.20–804.29</td>
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</tr>
<tr>
<td>804.90–804.99</td>
<td>Multiple fractures involving skull or face with other bones, open, with intracranial injury of other and unspecified nature</td>
</tr>
</tbody>
</table>

### Traumatic Brain Injury Without Skull Fracture

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>850.0</td>
<td>Concussion with no loss of consciousness</td>
</tr>
<tr>
<td>850.11</td>
<td>Concussion with brief loss of consciousness of 30 min or less</td>
</tr>
<tr>
<td>850.12</td>
<td>Concussion with brief loss of consciousness of 31–59 min</td>
</tr>
<tr>
<td>850.2</td>
<td>Concussion with moderate loss of consciousness (1–24 h)</td>
</tr>
<tr>
<td>850.3</td>
<td>With prolonged loss of consciousness (more than 24 h) and return to preexisting conscious level (complete recovery)</td>
</tr>
<tr>
<td>850.4</td>
<td>Concussion with prolonged loss of consciousness without return to preexisting conscious level</td>
</tr>
<tr>
<td>850.5</td>
<td>With loss of consciousness of unspecified duration</td>
</tr>
<tr>
<td>850.9</td>
<td>Concussion, unspecified</td>
</tr>
<tr>
<td>851.00–851.09</td>
<td>Cortex (cerebral) contusion without mention of open intracranial wound</td>
</tr>
</tbody>
</table>
851.10–851.19  Cortex (cerebral) contusion with open intracranial wound
851.20–851.29  Cortex (cerebral) laceration without mention of open intracranial wound
851.30–851.39  Cortex (cerebral) laceration with open intracranial wound
851.40–851.49  Cerebellar or brain stem contusion without mention of open intracranial wound
851.50–851.59  Cerebellar or brain stem contusion with open intracranial wound
851.60–851.69  Cerebellar or brain stem laceration without mention of open intracranial wound
851.70–851.79  Cerebellar or brain stem laceration with open intracranial wound
851.80–851.89  Other and unspecified cerebral laceration and contusion, without mention of open intracranial wound
851.90–851.99  Other and unspecified cerebral laceration and contusion, with open intracranial wound
852.00–852.09  Subarachnoid hemorrhage following injury without mention of open intracranial wound
852.10–852.19  Subarachnoid hemorrhage following injury with open intracranial wound
852.20–852.29  Subdural hemorrhage following injury without mention of open intracranial wound
852.30–852.39  Subdural hemorrhage following injury with open intracranial wound
852.40–852.49  Extradural hemorrhage following injury without mention of open intracranial wound
852.50–852.59  Extradural hemorrhage following injury with open intracranial wound
853.00–853.09  Other and unspecified intracranial hemorrhage following injury, without mention of open intracranial wound (This is the default code for Traumatic cerebral hemorrhage)
853.10–853.19  Other and unspecified intracranial hemorrhage following injury, with open intracranial wound
854.00–854.09  Intracranial injury of other and unspecified nature without mention of open intracranial wound (This is the default code for Traumatic brain injury but other codes more accurately reflect the degree of injury)
854.10–854.19  Intracranial injury of other and unspecified nature with open intracranial wound
959.01  Head injury, unspecified

**Manifestation Codes**

Coding manifestation is encouraged since there is not one common presentation for traumatic brain injury (TBI). The “coma” codes from 780.0 to 780.93 may NOT be used with TBI. Likewise, memory loss, 780.93, may NOT be used with TBI. The manifestation codes should be listed after the primary TBI code from the preceding list during the acute hospitalization.

Following is a list of relatively new or little known TBI code manifestations:

- 310.0  Frontal lobe syndrome (due to brain damage)
- 310.2  Postconcussion syndrome
- 310.8  Other specified nonpsychotic mental disorders following organic brain damage
- 780.33  Posttraumatic seizures
  Note that this code is not to be used for posttraumatic epilepsy, where the appropriate code from category 345.xx should be used
- 799.50  Unspecified signs and symptoms involving cognition
- 799.51  Attention or concentration deficit
- 799.52  Cognitive communication deficit
- 799.53  Visuospatial deficit
- 799.54  Psychomotor deficit
- 799.55  Frontal lobe and executive function deficit
  Note that the code 310.0 is to be used if the manifestation is due to brain damage
- 799.59  Other signs and symptoms involving cognition

The 799-series codes (different from those mentioned above) allow providers to code emotional/behavioral symptoms without using mental health diagnosis codes. These codes do not replace mental health diagnosis codes. Providers should use these codes when they observe the symptoms but a mental health diagnosis is not established.
While these codes are intended to be used for TBI symptoms, they are not limited to TBI.

- 799.21: nervousness
- 799.22: irritability
- 799.23: impulsiveness
- 799.24: emotional lability
- 799.25: demoralization and apathy
- 799.29: other signs and symptoms involving emotional state

Other manifestations, such as paresis, speech and language disturbances, and sleep disorders, may be found in the *ICD-9-CM* index and are too numerous to list here.

### Late Effects of Traumatic Brain Injury

Anytime after the acute phase, manifestations of TBI would be considered “late effects.” The first-listed code becomes the manifestation (late effect), and the second code is a “late effect code” appropriate to the injury as listed below:

- 905.0  Late effect of fracture of skull and facial bones
- 907.0  Late effect of intracranial injury without mention of skull fracture

### Screening for Traumatic Brain Injury

Especially in the military setting, patients may be screened for possible TBI. The code to be used in this situation is

V80.01  Screening for traumatic brain injury

The military currently uses this code to denote screening for TBI regardless of the outcome of the screening (concussion or no concussion).

### Personal History of Traumatic Brain Injury Related to the Global War on Terrorism

This series of codes was developed for the military to assist in tracking TBI, particularly those sustained in relation to the Global War on Terrorism (GWOT). The military requires this code with all TBI documentation. Since it is broken down by relation to GWOT and severity level it provides more significant detail for surveillance purposes. It may be of value in some cases to add the information to a list of diagnoses that a patient has a history of TBI, and instances may occur when no “late effect” is present; this information needs to be captured. In that case, use the code

V15.52_0  Personal History of traumatic brain injury (TBI) not otherwise specified

V15.52_1  Personal History of TBI, Global War on Terrorism (GWOT) Related, *Unknown Severity Level*

V15.52_2  Personal History of TBI, GWOT Related, *Mild*

V15.52_3  Personal History of TBI, GWOT Related, *Moderate*

V15.52_4  Personal History of TBI, GWOT Related, *Severe*

V15.52_5  Personal History of TBI, GWOT Related, *Penetrating Intracranial Wound, No Level of Severity Assigned*

V15.52_6  Personal History of TBI not GWOT Related, *Unknown Level of Severity*

V15.52_7  Personal History of TBI not GWOT Related, *Mild*

V15.52_8  Personal History of TBI not GWOT Related, *Moderate*

V15.52_9  Personal History of TBI not GWOT Related, *Severe*

V15.52_A  Personal History of TBI not GWOT Related, *Penetrating Intracranial Wound, No Level of Severity Assigned*

V15.52_B  Personal History of TBI, *Unknown if GWOT Related, Unknown Severity Level*

V15.52_C  Personal History of TBI, *Unknown if GWOT Related, Mild*

V15.52_D  Personal History of TBI, *Unknown if GWOT Related, Moderate*

V15.52_E  Personal History of TBI, *Unknown if GWOT Related, Severe*

V15.52_F  Personal History of TBI, *Unknown if GWOT Related, Penetrating Intracranial Wound, No Level of Severity Assigned*

These codes may not be a first-listed diagnosis.

### Coding TBI in the Military Population

The military has unique needs related to coding for TBI. The military has significant instances of
TBI in both combat and the daily life associated with preparing for combat. As a result the military has placed great emphasis on capturing information through ICD-9 coding. In addition to the typical TBI codes used in the civilian sector, the military has created a series of TBI history codes that connect a patient to injury related to the Global War on Terrorism (GWOT). The military also encourages use of the External Injury Codes (E-codes) as appropriate. In particular the E979.2 (Terrorism Involving Other Explosions/Fragments), code is used to document TBI related to Improvised Explosive Devices (IEDs). The military also uses Deployment Status Codes to help determine if injury was related to combat and where care took place. Specifically V70.5_5 (During Deployment Encounter) and V70.5_6 (Post-deployment Encounter) can provide data on where the care of a combat-related injured service member took place. The military relies on the V80.01 (Screening for TBI) to capture screenings regardless of the resulting diagnosis. This code is key to the military surveillance picture because it provides data on how many exposures to potentially concussive events each service member has in relation to the number of diagnosed concussions. When used in combination these codes, both military specific and others, help provide military leaders with a unique blend of data on the current medical status as well as operational impact of TBI in the combat environment.

**Quick Guide to Coding in the Military Population**

The encounters must be broken down to initial visit and follow-up. At the initial visit, the first code used will be the primary diagnostic code (i.e., 8xx Series code). This is followed by the history of concussion code (V15.52_x). The third position is for any relevant symptom codes. The fourth position is the deployment status code followed by the screening code or the E-code. The TBI screening code can be at the end of the list. On any follow-up visits the first code will be the symptom code. However, the history of TBI code (V15.52_x) will be second. The deployment status code and late effect codes would be next. You do not recode the TBI diagnostic code, E-code or screening code at follow-up visits.

<table>
<thead>
<tr>
<th>Code TYPE</th>
<th>Details</th>
<th>Code at initial evaluation</th>
<th>Code for follow-up visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. TBI diagnostic code</td>
<td>• 850.0 concussion without LOC</td>
<td>YES (Code 1st)</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>• 850.1 concussion with brief LOC</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 850.11 concussion with LOC≤30 min</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Personal history of TBI</td>
<td>• V15.52_1 Injury related to Global War on Terrorism, Unknown</td>
<td>YES (Code 2nd)</td>
<td>YES (Code 2nd)</td>
</tr>
<tr>
<td></td>
<td>• V15.52_2 Injury related to Global War on Terrorism, Mild</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Symptom codes</td>
<td>• Common examples in TBI include:</td>
<td>YES (Code 3rd)</td>
<td>YES (Code 1st)</td>
</tr>
<tr>
<td></td>
<td>– 784.0 Headache</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>– 388.3 Tinnitus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Late effect code</td>
<td>• 905.0 Late effect of intracranial injury with skull or facial fracture</td>
<td>NO</td>
<td>YES (Code 3rd)</td>
</tr>
<tr>
<td></td>
<td>• 907.0 Late effect of intracranial injury w/o skull or facial fracture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Deployment status code</td>
<td>• V70.5_5 During deployment encounter</td>
<td>YES (Code 4th)</td>
<td>YES (Code 4th)</td>
</tr>
<tr>
<td>6. TBI screening code</td>
<td>• V80.01 Special Screening for TBI Code</td>
<td>If applicable (Code 5th)</td>
<td>NO</td>
</tr>
<tr>
<td>7. E-code</td>
<td>• E979.2 Terrorism Involving Other Explosions/Fragments</td>
<td>If applicable (Code 6th)</td>
<td>NO</td>
</tr>
</tbody>
</table>
Current Procedural Terminology Coding for Traumatic Brain Injury

Current Procedural Terminology (CPT) coding does not depend on the diagnosis. It depends on the work performed in the service, and more work is needed for more serious presenting problems.

New patients with moderate to severe TBI are usually level 5 consultations CPT 99255 or level 3 admissions CPT 99223 because of the altered mental state and risk of substantial morbidity.

When managing the patient in the intensive care unit, and when the patient is unstable and critically ill, the correct codes are the critical care codes. These codes, CPT 99291 and 99292, use time as the basis for setting level of service instead of bullet points.

New office patients often have concussion, and the level of Evaluation and Management (E/M) service depends on the severity of the presenting problem and risk. For example, a level 3 office new patient visit CPT 99203 would be a high school athlete presenting asymptomatic 4 days after a concussion, requesting permission to return to playing in the football team next week. Symptomatic TBI patients usually require a higher level of service when seen in the office.
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