

S4 Concussion Management in Deployed Settings



2015 DoD Definition of Traumatic Brain Injury:

A traumatically induced structural injury or physiological disruption of brain function, as a result of an external force, that is indicated by new onset or worsening of at least one of the following clinical signs immediately following the event:

- Any alteration in mental status (e.g., confusion, disorientation, slowed thinking, etc.).
- Any loss of memory for events immediately before or after the injury.
- Any period of loss of or a decreased level of consciousness, observed or self-reported.

Coding Tips:

1. Primary code (corpsman/medics require co-sign)
 - S06.0X0A - Concussion without LOC
 - S06.0X1A - Concussion with LOC \leq 30 min.
2. Z787.802- Personal history of other TBI (healed) physical injury and trauma
3. Symptom codes
 - As appropriate
4. Deployment status code
 - Z56.82 - During deployment encounter
5. Screening code for TBI
 - D0D0122
6. External cause of injury code
 - Y36.290A (if applicable) - Operations involving explosions and fragments

Key Algorithm Directives:

- Personnel are required to use the algorithms to treat concussion in the deployed setting
- Mandatory event-driven protocols for exposure to potentially concussive events
 - Requires a medical evaluation and minimum 24-hour rest period
- All sports and activities with risk of concussion are prohibited until after a 24-hour rest period
- Military Acute Concussion Evaluation (MACE) documentation will address all 3 MACE parts
- Service members diagnosed with concussion will be given the Acute Concussion Educational Brochure available at: dvbic.dcoe.mil
- Specific protocols for anyone sustaining \geq 2 concussions within 12 months

MACE Documentation

Document using the mnemonic “CNS”

- (1) C – Cognitive score
- (2) N – Neurological exam reported as normal or abnormal
- (3) S – Symptoms reported as present or absent

If a head injury event or AOC/LOC/PTA is not reported, then a concussion has not occurred. The MACE is stopped because the cognitive portion is not valid in non-concussed patients. Evaluate and treat any other symptoms or injuries, and document the event in the EMR. The MACE score should be reported as N/A.

Repeat MACE Tips:

Repeating the MACE's cognitive exam with a different version (A-F) may be used to evaluate acute concussion recovery; however, a physical exam and symptom assessment must accompany any repeated cognitive exam. Providers should be mindful of other factors affecting the MACE cognitive score such as sleep deprivation, medications or pain.

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This product is reviewed annually and current until superseded. Visit dvbic.dcoe.mil for the latest information. DVBIC is the TBI operational component of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury.

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