

Part B Insider (Multispecialty) Coding Alert

DIAGNOSIS CODES: Use New Decubitus Ulcer ICD-9 Codes For 15999 Claims

At last, a way to explain ulcers that aren't bed sores

Billing for excision of decubitus ulcers just got more complicated in one way -- and simpler in another.

You bill for excision of decubitus ulcers based on the ulcers' location, unlike billing for debridement, which is based on the ulcers' depth. The CPT codes for excision break down into four regions: coccygeal (15920-15922), sacral (15931-15937), ischial (15940-15946) and trochanteric (15950-15958).

Now the 2005 ICD-9 codes have come out, and they contain new location-specific codes for decubitus ulcers. At first glance, you might expect to be able to use these new ICD9 Codes to back up your location-specific CPT codes when billing excision.

But in fact, the regions identified by the new ICD-9 codes bear no resemblance to those covered by the CPT codes. Instead, they cover elbow (707.01), upper back (707.02), lower back (707.03), hip (707.04), buttock (707.05), ankle (707.06) and heel (707.07). Plus unspecified site (707.00) and "other site" (707.09).

Actually, these new ICD-9 codes will be tremendously helpful when dealing with decubitus ulcers that aren't the classic bedsores. The locations covered by the CPT are all on the back, buttocks and hip, notes **Marcella Bucknam**, HIM coordinator with **Clarkson College** in Omaha, NE. If you're billing for a decubitus ulcer that isn't in those regions, you'd use unspecified code 15999 -- and be prepared for a long wait to get paid.

The classic bed sore comes from a patient lying too long in one position on his or her back without being turned, notes Bucknam. And wheelchair-bound patients often get hip ulcers where they rub against part of the wheelchair and they're unable to feel the abrasion because of nerve damage. When billing for these cases, the CPT's location-specific codes are perfect.

But vascular surgeons often encounter decubitus ulcers on the ankles and toes, notes Bucknam. Patients with peripheral vascular disease end up with sores that won't heal and become decubitus ulcers. Poor circulation impedes healing, "especially if you add to it a condition like diabetes," she adds.

Currently, you'd have to add a detailed note to a claim for 15999 and hope to get paid. Often, the note will be separated from the claim and you'll be stuck in limbo, notes Bucknam. But if you can use an ICD-9 code that specifies an ulcer on the ankle or heel, you may not need a note at all. The carrier will be able to see what happened and pay accordingly.

"These other ICD-9 codes will let us specify" where the ulcer was, and "may kind of reduce the kind of documentation we have to send in," says Bucknam. "It would be lovely if attaching the ICD-9 code that says decubitus ulcer of the feet was enough to get paid with the 15999 and you don't have to attach a note."

You'd use the ICD-9 for "unspecified site" if your documentation doesn't say where the ulcer was, but you'd use the code for "other site" if it's not one of the sites spelled out in those codes, explains Bucknam.