

Home Health ICD-9/ICD-10 Alert

Reader Questions: Don't Shortchange Yourself With Ulcers

Question: I've noticed that ulcers are now case mix diagnoses. Can I pair an ulcer code with V58.30 (Encounter for change or removal of nonsurgical wound dressing) for case mix points?

Also, I've heard that diabetic ulcers receive more points if they are listed as primary diagnoses. Are there other diagnoses that do this also?

-- Vermont Subscriber

Answer: First, there is absolutely no benefit to using the dressing change code. You shouldn't consider the V code for dressing change as the primary diagnosis so that you can place the ulcer in M0246. The dressing change codes should not be sequenced as primary unless the dressing change is the sole reason for skilled care.

If the ulcer is the focus of care, then sequence it first, considering that sometimes the ulcer code is used as a manifestation of some other condition. If some other condition such as diabetes or atherosclerosis caused the ulcer, then the etiology is sequenced first, followed by the ulcer code. List the dressing change code at the tail end of your diagnosis list. It is a reason- for-encounter code and should not take the place of a true diagnosis code.

Second, a diabetic ulcer coded correctly in M0230 and M0240b will provide more points than a diabetic ulcer sequenced lower in the list because diabetes gains more case mix points as primary than it does as secondary. A change to the Tables 10A and 10B of the PPS rule means that you'll gain supply points only if you list diabetes (250.8x) as primary and the ulcer (707.1x) as the first other diagnosis. As always if you have coded diabetes as primary, that choice should be supported in the medical record.

Besides diabetes, the diagnoses in the Skin 1 category gain more points as primary than as secondary.