

Home Health ICD-9/ICD-10 Alert

READER QUESTIONS: Get to the Bottom of Diabetic Ulcer Question

Question: Our Type II diabetic patient also has atherosclerosis of the left leg and a foot ulcer. The foot ulcer is not stated as diabetic. The focus of the care is the ulcer. How should I code for her?

-- Oregon Subscriber

Answer: Diabetes is one of the leading causes of atherosclerosis, so you should query the physician as to whether:

1. The atherosclerosis is related to the diabetes;
2. The ulcer is related to the atherosclerosis;
3. The ulcer is related to the diabetes; and/or
4. The etiology of the ulcer is unknown.

To code for diabetic atherosclerosis with ulcer, list the following codes :

- 250.70 (Diabetes with peripheral circulatory disorders; type II or unspecified type, not stated as uncontrolled);
- 440.23 (Atherosclerosis of the extremities with ulceration); and
- 707.14 (Ulcer of heel and midfoot).

If diabetes is not confirmed as causing the atherosclerosis but the ulcer is of arterial etiology, then you should list:

- 440.23;
- 707.14; and
- 250.00 (Diabetes mellitus, without mention of complications; type II or unspecified type, not stated as uncontrolled).

If the etiology of the ulcer is not confirmed, then you would list:

- 707.14;
- 250.00; and
- 440.20 (Atherosclerosis of the extremities, unspecified).

If the ulcer is diabetic but atherosclerosis cannot be confirmed as an etiology, then you should list:

- 250.80 (Diabetes with other specified manifestations; type II or unspecified type, not stated as uncontrolled);
- 707.14; and
- 440.20.

Each of these choices have case mix as well as non-routine supply point implications, so taking the time to query the physician to support your choices is essential.

