

Home Health ICD-9/ICD-10 Alert

You Be the Coder: Look to Guidelines for Ulcer Coding Answers

Question:

Our patient has multiple diabetic ulcers on the toes, diabetic retinopathy and stage 3 chronic kidney disease due to diabetes. The ulcers are our focus of care, but we will also be caring for his chronic heart failure (CHF) and chronic obstructive pulmonary disease (COPD). How should we code for him?

Vermont Subscriber

Answer:

List the following codes for this patient, says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C**, consultant and principal of **Selman-Holman & Associates** and **CoDR -- Coding Done Right** in Denton, Texas:

M1020a: 250.80 (Diabetes with other specified manifestations; type II or unspecified type, not stated as uncontrolled);

M1022b: 707.15 (Ulcer of other part of foot);

M1022c: 428.0 (Congestive heart failure, unspecified);

M1022d: 491.21 (Obstructive chronic bronchitis; with [acute exacerbation]);

M1022e: 250.50 (Diabetes with ophthalmic manifestations; type II or unspecified type, not stated as uncontrolled);

M1022f: 362.01 (Diabetic retinopathy); and

Other pertinent diagnoses listed on the plan of care: 369.20 (Low vision both eyes NOS), 250.40 (Diabetes with renal manifestations; type II or unspecified type, not stated as uncontrolled) and 585.3 (Chronic kidney disease, Stage III [moderate]).

The patient's diabetic ulcers are your primary focus, so you'll list them first. Because this is an instance of mandatory multiple coding, you'll list the diabetes with 250.80 in M1020a, immediately followed by the manifestation (ulcers) in M1022b.

Next, list the co-morbidities that you will be actively addressing: the patient's CHF and COPD.

The patient's other co-morbidities aren't being actively addressed, but will impact the plan of care, so you'll sequence them at the bottom of your list. Both the diabetic retinopathy and the diabetic chronic kidney disease require two codes to report correctly, so you'll list one in M1022 (we sequenced the diabetic retinopathy here) and the other on the plan of care. Low vision is also coded correctly because the patient has an eye condition.