Home Health ICD-9/ICD-10 Alert

YOU BE THE CODER: TACKLE THIS ULCER CODING CHALLENGE

Question: According to the podiatrist who performed the procedures, our client was hospitalized for a "purulent abscess on the plantar aspect of his foot."Prior to hospitalization, he was being followed for "preulcerative callus build up under the balls of both feet." This callus became a diabetic ulcer, and while in the hospital he had a "partial incision and drainage," a "follow-up further incision, and drainage with exploration." There was debridement, irrigation, and primary closure of the wound.

Our client has a 20-year history of type II diabetes. Although antibiotics were administered in the hospital, he was not on any when he went home. The hospitalist who wrote up the physician's discharge summary listed the primary discharge diagnosis as "diabetic foot ulcer/cellulitis." The home care nurse was to change the dry gauze dressing on the left foot incision every three days.

The client's other diagnoses include venous stasis ulcer on right anterior calf, type II diabetes with neuropathy and retinopathy, coronary artery disease, and history of cerebrovascular accident. He has had a coronary artery bypass (CABG) and has a pacemaker. We are also providing therapeutic drug monitoring,insulin, use of ASA. How should we code for this client?

Iowa Subscriber

Answer: List the following codes for this case, says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C,** consultant and principle of Selman-Holman & Associates in Denton Texas:

• M0230a: 250.80 (Diabetes with other specified manifestations; type II or unspecified type, not stated as uncontrolled);

• M0240b: 707.14 (Ulcer of heel and midfoot);

• M0240c: 682.7 (Other cellulitis and abscess; foot, except toes);

• M0240d: 459.81 (Venous [peripheral] insufficiency, unspecified);

• M0240d: 707.12 (Ulcer of calf); and

• M0240e: 414.00 (Coronary artherosclerosis; of unspecified type of vessel, native or graft).

Other pertinent diagnoses: 250.60 (Diabetes with neurological manifestations; type II or unspecified type, not stated as uncontrolled);

• 357.2 (Polyneuropathy in diabetes);

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

• 362.01 (Diabetic retinopathy, NOS);

• V12.54 (Personal history of transient ischemic attack [TIA], and cerebral infarction without residual deficits); and

• V58.67 (Long-term [current] use of insulin).

In this case, you wouldn't list an aftercare V code because the patient's ulcer is complicated by cellulitis.V codes shouldn't be used when there is a complication.

The reason for the surgery was to treat the diabetic ulcer, so you will need to list both the diabetes diagnosis code (250.80 for this patient) and the ulcer diagnosis code (707.14) due to mandatory multiple coding rules.

And even though you have already coded the diabetes in M0230, you'll need to list it again for the patient's additional neurological diabetic manifestation.

Keep in mind: Your patient's ulcer has not become a surgical wound. The callous must be debrided back to viable bleeding tissue with diabetic ulcers so you might be tempted to code for it as a surgical wound, but this would be incorrect.