

## OASIS Alert

### Reader Question: Apply This Ulcer Sequencing For Diabetic Patients

Note: Multiple ulcers don't require multiple codes.

Question: Our new patient has type I diabetes (not stated as uncontrolled). We are providing wound care to diabetic ulcers on four toes and two on his calf. He has diabetic retinopathy but is able to give his own insulin. He also has a closed stage III pressure ulcer on his sacrum. Other co-morbidities include peripheral vascular disease and hypertension. How should we code for him?

Answer: Code for this patient as follows, says **Tricia Twombly**, senior education consultant and director of coding with **Foundation Management Services** in Denton, Texas.

- M1020a: 250.81 (Diabetes with other specified manifestations; type I [juvenile type] not stated as uncontrolled);
- M1022b: 707.15 (Ulcer of lower limbs, except pressure ulcer; ulcer of other part of foot);
- M1022c: 707.12 (Ulcer of lower limbs, except pressure ulcer; ulcer of calf);
- M1022d: 250.51 (Diabetes with ophthalmic manifestations; type I [juvenile type] not stated as uncontrolled);
- M1022e: 362.01 (Background diabetic retinopathy); and
- M1022f: 401.9 (Essential hypertension; unspecified).

Other pertinent diagnoses:

- 443.9 (Peripheral vascular disease, unspecified);
- 707.03 (Pressure ulcer; lower back); and
- 707.23 (Pressure ulcer stage III)

The diabetic ulcers are your focus of care, so you'll sequence them first. Because they are manifestations of diabetes, you'll list the appropriate diabetes code in M1020a in this case, 250.81.

Crucial: Next you'll list the codes for the diabetic ulcers. You will only need to list 250.81 once, despite the fact that the patient has diabetic ulcers in two areas. Also, though the patient has multiple diabetic ulcers on both his toes and his calf, you will only list each code once. Follow the ulcer codes with the etiology/manifestation pair for his diabetic retinopathy (250.51 and 362.01), but only if it is more important to your plan of care than the hypertension, PVD, and the pressure ulcer. Now you need to report his hypertension with 401.9, but be sure that the documentation describes how the condition will impact your plan of care for this case mix code. Follow this with 443.9 for his PVD.

Finally, you'll need to list a code for this patient's pressure ulcer, even though it is closed. Stage III and stage IV pressure ulcers may close, but are never considered healed. A closed stage III or IV still requires active intervention to prevent that pressure ulcer from opening again.

Look to the 707.0X series for your pressure ulcer code, and follow it with 707.23 to indicate that it is a stage III pressure ulcer.