

Ulcers

Risk Adjustment Coding Guide

Ulcers are associated with HCC coding, while wounds are not. Please note that the two conditions are not synonymous. Wounds are due to trauma or surgery, while ulcers are caused by skin breakdown from pressure or other chronic conditions.

When known, it is important to document and code the condition that is causing the ulcer, such as PVD or diabetes.

Pressure/Decubitus Ulcers

Be sure to document:

Location/Laterality – What part of the body is affected

Stage -

- Stage I Pre-ulcer skin changes limited to persistent focal erythema
- Stage II Pressure ulcer with abrasion, blister, partial thickness skin loss involving epidermis and/or dermis
- Stage III Pressure ulcer with full thickness skin loss involving damage or necrosis of subcutaneous tissue
- Stage IV Pressure ulcer with necrosis of soft tissues through to underlying muscle, tendon, or bone
- Unstageable ulcer covered by eschar or that has been treated with skin or other graft

A provider must establish a pressure ulcer diagnosis, however a nurse or other clinician can document a pressure ulcer stage. When pressure ulcers are associated with gangrene or gangrenous cellulitis, code I96 for gangrene should be reported first.

Diabetic Ulcers

Code diabetes code first (diabetes with foot ulcer or diabetes with other skin ulcer). Code ulcer second. Be sure to document:

Location/Laterality- What part of the body is affected

Stage -

- Limited to breakdown of skin
- Fat layer exposed
- Necrosis of muscle
- Necrosis of bone
- Muscle involvement without evidence of necrosis
- Bone involvement without evidence of necrosis

Other Ulcers

Statis Ulcer (with Varicose Veins) - Indicate location/laterality and whether inflammation is present.

Arterial Ulcer (Atherosclerosis) – Indicate location/laterality

Does your documentation have MEAT? (Monitor, Evaluate, Assess, Treat)

All HCC diagnoses must be documented and coded at least once per year

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