

Focus on: Lower Extremity Diabetic Manifestations

April is Foot Health Awareness Month

QUICK FACTS

- For people with diabetes, the lifetime risk of developing a foot ulcer ranges between 15% and 25%. Each year, about 2% of people with diabetes will develop a foot ulcer, but the annual incidence rate rises to as high as 7.5% if peripheral neuropathy is present.^{1,2}
- Among diabetics, 85% of people with amputation of the lower extremities have prior foot ulcers.²
- Peripheral vascular disease is a leading cause of disability among people with diabetes, especially the older diabetic who smokes or used to smoke. In diabetics, the risk is increased two to four fold.³
- The incidence of peripheral vascular disease in diabetics increases with the duration and severity of diabetes, and more often involves the distal vasculature, making it less amenable to surgical correction.³

Key Components of a Comprehensive Foot Evaluation^{1,4}

The American Diabetes Association in its *Standards of Medical Care in Diabetes: 2009 Supplement* recommends that, "For all patients with diabetes, perform an annual comprehensive foot examination to identify risk factors predictive of ulcers and amputations."⁴ Foot risk category should be used to direct frequency of foot examination and referrals for specialty care, as well as subsequent therapy.¹

HISTORY	Assess for prior ulcers, amputation, symptoms related to neuropathy or peripheral vascular disease, visual impairment, diabetic nephropathy and use of tobacco.
INSPECTION	Inspect feet for abnormalities, such as ulcers, erythema, skin temperature differences, as well as callus presence, nail changes and paronychia. Check shoes and socks for evidence of proper fit and bloody discharge.
MUSCULOSKELETAL	Check for deformities such as bunions, prominent metatarsal heads, toe deformities and Charcot foot.
NEUROLOGICAL	Perform tests to look for loss of protective sensation (LOPS), which should generally include testing with a 10gm monofilament and one other test (e.g., tuning fork, ankle reflexes, pinprick sensation).
VASCULAR	Assess dorsalis pedis and posterior tibial pulses in both feet. Patients with symptoms of PAD should have an ankle-brachial index (ABI). Even in asymptomatic patients, perform or refer for ABI for diabetic patients > 50 years of age and consider in younger patients with other PAD risk factors, including presence of diabetes > 10 years.

Tools and Resources Available Through Ingenix

- "Preventing Diabetes Foot Problems: Instructions, Assessments and Management"
- 10gm monofilaments to test for diabetic neuropathy
- Patient "High Risk Feet" chart stickers
- "Screening and Documentation Tool for Diabetes, CKD and PAD"
- Diabetes Coding Tool
- Diabetes Coding Wheel

¹ Boulton, AJM, et al. "Comprehensive Foot Examination and Risk Assessment." *Diabetes Care* 2008; 31:1679-1685.

² Boulton, AJM, et al. "Neuropathic Diabetic Foot Ulcers." *New England Journal of Medicine* 2004; 351:48-55.

³ Libby: Braunwald's Heart Disease 8th edition.

⁴ "Standards of Medical Care in Diabetes-2010." *Diabetes Care*, Volume 32, Supplement 1, 20 October 2010.

⁵ The Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS). "ICD-9-CM Official Guidelines for Coding and Reporting." *Department of Health and Human Services*. DHHS, 2009, October. Web. 9 July 2010. <<http://www.cdc.gov/nchs/data/icd9/icdguide10.pdf>>.

⁶ World Health Organization, *Professional: ICD-9-CM for Physicians—Volumes 1 & 2*. 2011. Alexandria, VA: Ingenix, 2010, October. Print.



DOCUMENTATION TIPS⁵

If the clinician determines that diabetes is the cause of the foot ulcer, the peripheral neuropathy, or the peripheral arterial disease (PAD), the connection must be documented in the progress note (e.g., foot ulcer due to diabetes).

CODING HIGHLIGHTS⁶

Correct coding requires that BOTH the underlying disease and the manifestation(s) are coded.

Diabetes documented as "poorly controlled" is coded to "not stated as uncontrolled."

Coding Example:

Assessment: PAD due to diabetes and diabetic distal polyneuropathy.

Diabetes code:

250.70 Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled

Manifestation code:

443.81 Peripheral angiopathy in diseases classified elsewhere

Diabetes code:

250.60 Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled

Manifestation code:

357.2 Polyneuropathy in diabetes