

Focus on: Skin Ulcers

QUICK FACTS

- Chronic external ulceration is frequently associated with other illnesses and can be pressure ulceration or that due to vascular insufficiency.
- Pressure ulcers are caused by unrelieved pressure as a result of compression of soft tissue between a bony prominence and an external hard surface for prolonged periods of time.^{1, 2}
- Reducing the prevalence of pressure ulcers is a national goal in the United States as part of the Healthy People 2010 initiative.³
- Pressure ulcers are among the most common clinical conditions encountered in patients in long term institutional care. The prevalence rates range from 3 to 15 percent, with higher rates being found in institutionalized individuals.³
- Peripherally located ulcers seen mainly on the lower extremities may be due to diabetic neuropathy, venous or arterial insufficiency.



Did You Know?

- In diabetes, ulcers may be associated with and a sign of peripheral arterial disease
- Decubitus ulcers in elderly or institutionalized patients are frequently seen in conjunction with nutritional deficiency and chronic illnesses
- The treatment of decubitus ulcers involves a multi-disciplinary effort from a team consisting of nutritionists, wound care personnel, physicians, nurses and physical therapists

Pressure Ulcer Stages:⁵

Stage	
Stage I	non-blanching erythema (a reddened area on the skin)
Stage II	abrasion, blister, shallow open crater, or other partial thickness skin loss
Stage III	full thickness skin loss involving damage or necrosis into subcutaneous soft tissues
Stage IV	full thickness skin loss with necrosis of soft tissues through to the muscle, tendons, or tissues around underlying bone
Unstageable	inaccessible for evaluation due to non-removable dressings, eschar, sterile blister and suspected deep tissue injury in evolution

DOCUMENTATION TIPS⁴

Synonymous terms for a pressure ulcer may include decubitus ulcer, bed sore or plaster ulcer. Be sure to document the site and stage of the pressure ulcer.

Document the type of ulcer and the etiology (e.g. diabetic ulcer of lower leg due to diabetic PAD).

When documenting ulcers, it is important **not** to document them as “wounds,” “open wounds” or “lesions.”

CODING HIGHLIGHTS^{4,5}

707.00-707.07, 707.09 identifies the **site** of the pressure ulcer.

707.20-707.25 identifies the **stage** of the pressure ulcer.

Other ulcer codes include:

707.10-707.15, 707.19 identifies ulcer of lower limbs, *except* pressure ulcer

707.8 Chronic ulcer of other specified sites

707.9 Chronic ulcer of unspecified site

454.0 Varicose veins of lower extremities with ulcer (stasis ulcer)

454.2 Varicose veins of lower extremities with ulcer and inflammation (stasis ulcer)

¹ Thomas, DR. The new F-tag 314: prevention and management of pressure ulcers. J Am Med Dir Assoc 2006; 7:523.

² Pressure ulcers prevalence, cost and risk assessment: consensus development conference statement—The National Pressure Ulcer Advisory Panel. Decubitus 1989; 2:24.

³ Pressure ulcers in America: prevalence, incidence, and implications for the future: an executive summary of the national pressure ulcer advisory panel monograph. Adv Skin Wound Care 2001; 14:208.

⁴ World Health Organization, *Professional: ICD-9-CM for Physicians—Volumes 1 & 2*. 2011. Alexandria, VA: Ingenix, 2010, October. Print.

⁵ Ingenix, *Coders' Desk Reference For Diagnoses*. 2011. Alexandria, VA: Ingenix, 2010: 551-553.