Chapter 3:
Diabetic Ulcers

Definition:

Diabetic ulcers occur primarily in people with diabetes, but they can affect anyone who has impaired sensation in the feet. They're usually located at increased pressure points on the bottom of the feet, but can also result from trauma that occurs anywhere on the foot.

Source: The Cleveland Clinic: http://my.clevelandclinic.org/services/heart/ disorders/arterial-disease/lower-extremity-ulcers

Coding rules:

- **First, understand that there are five separate categories of diabetes**, depending on the type of disease. You'll need to choose from:

  - Type 1 (E10.-). This form of diabetes occurs when the pancreas makes little to no insulin. Type 1 diabetics are always dependent on insulin.

  - Type 2 (E11.-). This is the most common type of the disease; a diabetes diagnosis with no further specification may be assumed to be Type 2.

  - Drug or chemical-induced (E09.-)

  - Diabetes caused by an underlying condition (E08.-), like Cushing's syndrome (E24.-)

  - Diabetes due to another specific condition (E13.-), such as following surgical removal of the pancreas

- **Diabetic manifestations are captured in combination codes** which, in many cases, negate the need to assign a separate code for the manifestation. The fourth, fifth, sixth and seventh characters on the codes communicate the area of the body affected by the particular manifestation of diabetes, and then further specify the type of manifestation. For example, in E11.21 for Type 2 diabetes mellitus with diabetic nephropathy, the fourth character of "2" signifies that the kidneys are involved and the fifth character of "1" specifies that the manifestation is diabetic nephropathy.

- **To code an ulcer confirmed to be diabetic in origin but with no other specifying information**, assign the proper diabetes code with a fourth character of "6," and a fifth character of "2," which signify that the diabetes has caused skin complications, and a seventh character of either "1" or "2" to indicate that the patient's diabetes has caused either a foot ulcer or an ulcer elsewhere on the body. For example, E11.621 corresponds to Type 2 diabetes mellitus with foot ulcer, while E11.622 captures Type 2 diabetes mellitus with other skin ulcer. Note that foot ulcers may be assumed to be connected diabetes, based on the "with" convention, but ulcers elsewhere on the body must be documented as linked to diabetes, according to Q4 2017 Coding Clinic guidance.

  Then, you'll need an additional code from category L97.- (Non-pressure chronic ulcer of lower limb, not elsewhere classified) to denote the location and severity of the ulcer. For example, L97.213 correponds to Non-pressure chronic ulcer of right calf with necrosis of muscle.

- **Do not code a diabetic ulcer that is documented as healed,** but one documented as "healing" should be coded.

Note: If you're coding a diabetic ulcer that isn't on the patient's foot, the additional code for the ulcer's site and severity may be found in the L98.4- category (Non-pressure chronic ulcer of skin, not elsewhere classified). For example, L98.423 (Non-pressure chronic ulcer of back with necrosis of muscle).

- **To code a diabetic ulcer that has a confirmed, more specific etiology**, follow the guidance below:

  ◦ **Neuropathic ulcer in a diabetic patient:** First assign the code for the diabetic ulcer, with a fourth character of '6' (such as E11.621), followed by a code from L97.- for the site and severity of the wound, then capture the diabetic neuropathy with a diabetes code with a fourth character of '4' (such as E11.40).

    · For example, for a patient with type 1 diabetes who has a neuropathic ulcer on his left heel that's caused penetrated fatty tissue, the correct coding would be E10.621 (Type 1 diabetes mellitus with foot ulcer), L97.422 (Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed), E10.40 (Type 1 diabetes mellitus with diabetic neuropathy, unspecified).

- **Atherosclerotic ulcer in a diabetic patient**: Capture this wound first with a code for diabetic angiopathy, such as E11.51, then follow it with a code from I70.- to further describe the atherosclerosis, and lastly a code from L97.- for the site and severity of the ulcer.

  - For example, if a diabetic patient has an atherosclerotic ulcer on right big toe that's caused muscle necrosis, the appropriate codes would be E11.51 (Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene), I70.235 (Atherosclerosis of native arteries of right leg with ulceration of other part of foot) and then L97.513 (Non-pressure chronic ulcer of other part of right foot with necrosis of muscle).

- **Diabetic arterial ulcer:** Code this diagnosis first with a code for the diabetic ulcer, such as (E11.62-), then assign a code for the site and severity of the wound from L97.-, and then follow it with the code for the arterial manifestation of diabetes (such as E11.51).

  - For example, a patient with a diabetic arterial ulcer causing skin breakdown on the right heel would be coded with E11.621 (Type 2 diabetes mellitus with foot ulcer), followed by L97.411 (Non-pressure chronic ulcer of right heel and midfoot limited to breakdown of skin) and then E11.51 (Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene).

- **Neuropathic foot ulcer in a patient with diabetic angiopathy:** Code this diagnosis first with the correct code for the diabetic neurological manifestation (such as E11.4-), then a code for the diabetic angiopathy (such as E11.51), then a code for the diabetic foot ulcer (such as E11.621) and lastly a code from L97.- for the site and severity of the wound.

  - For example, a neuropathic ulcer that's caused skin breakdown on the right heel of a patient with diabetic angiopathy would be coded with E11.40 (Type 2 diabetes mellitus with diabetic neuropathy, unspecified), E11.51 (Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene), E11.621 (Type 2 diabetes mellitus with foot ulcer) and L97.411 (Non-pressure chronic ulcer of right heel and midfoot limited to breakdown of skin).

- **Diabetic ulcers treated with skin grafts.** Non-pressure ulcers, including diabetic ulcers, treated with skin grafts should continue to be coded as the original wounds they are, and not as surgical wounds with an aftercare code. However, they are captured on the OASIS as surgical wounds in M1340 and M1342.